



1-800-659-5748

New Customer/Credit Application

Same Day Credit Processing
when you place an order!

COMPANY INFORMATION

Form fields for company information including Name of Firm, Telephone Number, Fax Number, Address, City, State & Zip Code, Principle Officer/Title, Principle Contact, DUNS #, Yrs. In Busn., General Manager's Name, E-Mail Address, and Purchasing Agent.

TRADE REFERENCES

Form fields for trade references including NAME, YOUR ACCT. #, PHONE, FAX, and ADDRESS for three separate entries.

TAX EXEMPT STATUS: In order to comply with tax regulations, we must have in our files a copy of your letter of tax exemption for the state in which you are exempt.

Sales Tax Exempt Number _____ State _____

The tangible personal property purchased from Air Systems of Illinois is exempt for the following reasons:

CONDITIONS: Air Systems of Illinois' open account terms are net 30 days with pre-authorization. Orders can be accepted COD, Electronic Transfer, or prepay.

PERSONAL GUARANTY: In consideration of this extension of credit to customer, I/We unconditionally guarantee the payment and performance of all customer's obligations under this agreement.

Office Signature _____

Date _____

Please Print Name _____



New Customer/Credit Application
Page 2

1-800-659-5748

COMPANY INFORMATION

Name of Firm Telephone Number

Address City, State & Zip Code

SHIP TO ADDRESSES

Please list the different addresses your company will ship to on a regular basis.

NAME: _____ ACCT. #: _____ PHONE: _____

Contact Name/Title: _____

Address: _____ City, State & Zip Code: _____

NAME: _____ ACCT. #: _____ PHONE: _____

Contact Name/Title: _____

Address: _____ City, State & Zip Code: _____

NAME: _____ ACCT. #: _____ PHONE: _____

Contact Name/Title: _____

Address: _____ City, State & Zip Code: _____

PLEASE FAX THIS COMPLETED FORM TO: (708) 754.5857
Phone: (708) 754.5040
E-Mail: airsystemsofil@sbcglobal.net