

Air Concierge Inc. CREDIT APPLICATION	OFFICE USE ONLY	ACCT #:	SIC CODE:	CUSTOMER CLASS:
		CREDIT APPROVAL NAME:		

FAX: West Palm Beach : 561-686-9180

OFFICE HOURS: 08:00 – 17:00 EST.

Please fill out completely. This application must be signed by an owner or officer of the applicant. Please Print

Company Name:		Phone #:	
DBA:		Fax #:	
Street Address:		E-mail:	
City:		Web Address:	
State:	Zip Code:	Buyers Name:	EXT. #
# of years in business	How long at this location?	Owners Name:	EXT. #
Are you a ... (check one) Sole Proprietorship Partnership Corporation		Accts. Payable Contact (other than owner): EXT. #	
What is the nature of your business?		Federal Tax I.D. # or Social Security # (Do Not Leave Blank):	

Billing Address:	Special Instructions:

TRADE REFERENCES	Firm:	Street Address:	City:	State:	Zip:
	Phone #:	Acct #:	Fax #:		
	Firm:	Street Address:	City:	State:	Zip:
	Phone #:	Acct #:	Fax #:		
	Firm:	Street Address:	City:	State:	Zip:
	Phone #:	Acct #:	Fax #:		

BANK REFERENCE	Bank Name:	Acct #:	Phone:
Street Address:	City:	State:	Zip Code:

Terms:
 Payment is expected 30 days from date of invoice.
 1.5% service per month (18% annual charge) on all overdue accounts after 30 days. Customer will assume all collection costs, including attorney fees. Claims must be made within 24 hours after delivery. Past due accounts are subject to interest charge of 1.5% per month. Cost of any action taken to collect overdue accounts, including attorney's fees or agent costs, shall be borne by the purchaser. The seller of these commodities retains a trust claim over these commodities until full payment is received.

I (We) the undersigned understand all the terms and conditions for accounts and will comply with these fully. I (We) understand that credit approval is subject to review and we authorize Air Concierge Inc. to contact our references and bank.

Signature of Owner or Officer _____ Title _____ Date _____ 08/02