



INNOVATING THE FUTURE OF HVACR
FOR MORE THEN 65 YEARS

CREDIT APPLICATION

Business Name: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address: _____ For Past ____ Years

Shipping Address: _____

Accounts Payable Email: _____ Name: _____ Phone: _____

Purchasing Email: _____ Name: _____ Phone: _____

D/B/A: _____ Federal Tax I.D. Number: _____

Do you belong to a buying group? Yes: _____ No: _____ Buying group: _____

Type of Business: _____ Date Established: _____ Years In Business: _____

Ownership

Sole Owner: _____ Partnership: _____ Corporation: _____

Principal Name: _____ Title: _____

Principal Name: _____ Title: _____

Principal Name: _____ Title: _____

Trade References

Name: _____ Phone: _____ Fax: _____ Email: _____

Name: _____ Phone: _____ Fax: _____ Email: _____

Name: _____ Phone: _____ Fax: _____ Email: _____

Bank References: Checking: _____ Loan: _____ Savings: _____

Name: _____ Address: _____ Account# _____ Contact _____

Name: _____ Address: _____ Account# _____ Contact _____

Has the firm or any of its Principals ever been bankrupt? Yes: _____ No: _____

Person to contact about the account: _____ Phone#: _____

Signature: _____ Title: _____ Date: _____

Please send to helenr@vapcoproducts.com