



PLEASE PRINT

Date:

Company Name:		
Address:		City:
State:	Zip:	Phone:
Email:		Fax:
Federal Tax ID: *MI Companies must attach tax certificate		
<input type="checkbox"/> Resale	<input type="checkbox"/> Ind'l Proc.	<input type="checkbox"/> Other
Type of Business:		Date Established:
<input type="checkbox"/> Corp.	<input type="checkbox"/> Partner	<input type="checkbox"/> Indiv. <input type="checkbox"/> LLC

References

* Your references should include at least three major material suppliers.
High credit limit should reflect the high for the previous 12 months.

1

Company Name:		
Address:		
City:	State:	Zip:
Phone:		Fax:
Account #:		High Credit Limit \$

2

Company Name:		
Address:		
City:	State:	Zip:
Phone:		Fax:
Account #:		High Credit Limit \$

3

Company Name:		
Address:		
City:	State:	Zip:
Phone:		Fax:
Account #:		High Credit Limit \$

Bank Reference

Bank Name:		
Address:		City:
State:	Zip:	Phone:
Fax:	Contact Person:	
Account #:		

It is understood that by signing this form, I give AbsolutAire, Inc. and it's agents permission to contact the above named references for the purpose of obtaining financial information to be used to determine if a line of credit is to be extended. It is understood that the completion of this form does not imply that credit will be extended. That decision is the sole discretion of AbsolutAire, Inc. It is further understood that by signing this form, I have the right to give such permission.

Signature

Print Name

Title

Please complete this form and return to:

AbsolutAire, Inc.

5496 North Riverview Dr.

Kalamazoo, MI 49004

Phone: (800) 804-4000

Fax: (269) 382-5291

Jennie Negri

jnegri@absolutaire.com