



Sunair Products
 2329 Solona Ave
 Fort Worth, TX 76117
 Phone 817-831-6301
 Fax 817-222-7800

Customer Info & Credit Application

Company Name _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

President _____ Buyer _____

AP Contact _____ AP Email _____

Credit References

<p>Company Name _____</p> <p>1 Address _____</p> <p>Phone _____</p>	<p>Contact Name _____</p> <p>City _____ State _____ Zip _____</p> <p>Email _____</p>
<p>Company Name _____</p> <p>2 Address _____</p> <p>Phone _____</p>	<p>Contact Name _____</p> <p>City _____ State _____ Zip _____</p> <p>Email _____</p>
<p>Company Name _____</p> <p>3 Address _____</p> <p>Phone _____</p>	<p>Contact Name _____</p> <p>City _____ State _____ Zip _____</p> <p>Email _____</p>
<p>Bank Name _____</p> <p> Address _____</p> <p>Phone _____</p>	<p>Account # _____</p> <p>City _____ State _____ Zip _____</p> <p>Email _____</p>

Customer Profile

Type of Business _____ Accepts Backorders Yes No

Years in Business _____ Amount of Credit Required _____

Email _____ Receive Invoices by Email Postal Mail

Resale Number* _____ Purchase Order Required Yes No

*** Please include your state tax exempt (resale) certificate or complete and include the attached Texas Resale Certificate**

Terms & Conditions

All payments are due 30 days from date of invoice.

Permission is hereby granted for the bank and credit references to release pertinent information to Sunair Products. The undersigned certifies the above information to be true and correct.

Authorized Signature _____

Title _____ Date _____

Freight

Small Package Prepaid* UPS FedEx Account Number _____

LTL Shipments Prepaid* Preferred Carrier _____ Account Number _____

*** Domestic Prepaid shipment surcharge (\$5.00/Small Shipment - \$25.00/LTL Shipment)**

INTERNAL USE ONLY

Account Code _____ Account Rep _____

Account Terms _____ Credit Limit _____

