



**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 \_\_\_\_\_

Buyer \_\_\_\_\_ Order Conf. Email \_\_\_\_\_

AP Contact \_\_\_\_\_ AP Email \_\_\_\_\_

### Credit References

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

<p>Buying Group Affiliation _____</p> <p>Years in Business _____</p> <p>Email _____</p> <p>Resale Number* _____</p>	<p>Accepts Backorders <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amount of Credit Required _____</p> <p>Receive Invoices by <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail</p> <p>Purchase Order Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**\* 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 _____

