

ALL AIR INCORPORATED

CREDIT APPLICATION

To extend a proper line of credit, we are requesting that you list below the names of three references as well as your banking facility, and return to us at the above fax number. Also make sure that you provide your full company name and address. If your company is tax exempt, please fax over the resale certificate.

Company Name: _____

Address: _____

Contact: _____

Phone Number: _____

Fax Number: _____

Please give complete addresses and phone numbers.

Bank : _____ **Acct.#** _____

_____ **Phone#** _____

_____ **Fax#** _____

**Your
1) Supplier :** _____

_____ **Phone #** _____

_____ **Fax#** _____

**Your
2) Supplier :** _____

_____ **Phone #** _____

_____ **Fax#** _____

**Your
3) Supplier :** _____

_____ **Phone #** _____

_____ **Fax#** _____

PLEASE FAX TO: 914-347-3975

OR E-MAIL TO: allairmail@aol.com