

Columbus Temperature Control Co.

Controls Group N.A. Wholesaler
Controls Specialists

APPLICATION FOR CREDIT

1053 East Fifth Avenue
Columbus Ohio 43201-3099
www.columbustemp.com

Phone: 614-294-6216
Fax: 614-294-2940
1-800-837-1837

DATE _____

NAME OF FIRM OR INDIVIDUAL _____

NAME OF FIRM OR INDIVIDUAL _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

CITY STATE ZIP _____

CITY STATE ZIP _____

AREA CODE - PHONE NO. AREA CODE FAX NO. _____

AREA CODE - PHONE NO. AREA CODE FAX NO. _____

SALES CONTACT

ACCOUNTS PAYABLE

NAME _____

NAME _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

CHECK ONE: Corporation Partnership Individual

YEARS IN BUSINESS _____

Type of Business _____

Estimated Credit Needed _____

Tax Exempt No Yes - Exemption No. _____ Attach Exemption Certificate

NAME OF OWNERS - PARTNERS - OFFICERS:

Title	_____	_____	_____
Name	_____	_____	_____
Address	_____	_____	_____
City-State-Zip	_____	_____	_____
Home Phone	_____	_____	_____

FINANCE

(NAME OF BANK, BANK OFFICE. COMPLETE ADDRESS TELEPHONE NO.) _____

CHECKING ACCOUNT NO. _____

REFERENCES (List Three References)

BUSINESS NAME, ADDRESS INCLUDING ZIP CODE _____	PH _____
_____	FAX _____
BUSINESS NAME, ADDRESS INCLUDING ZIP CODE _____	PH _____
_____	FAX _____
BUSINESS NAME, ADDRESS INCLUDING ZIP CODE _____	PH _____
_____	FAX _____

I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Applicant's signature attest: (a) financial responsibility, (b) ability, and willingness to pay invoices in accordance with the terms of payment for the products or services purchases, and (c) agreement to pay a Finance Charge of 1.5% per month (18% Annual Rate) added to accounts unpaid after due date.

Signed: _____
NAME

_____ TITLE

_____ DATE