



Manufacturers Representatives

PHONE 414/351-1999

ACCOUNTING FAX 414-351-0850

7330 N. TEUTONIA AVENUE • MILWAUKEE, WISCONSIN 53209 • www.airflowinc.biz

New Account Credit Application

Date: _____

Full Name of Company: _____

Corporation__ Partnership__ Proprietorship__

Billing Address:

Shipping Address:

* County: _____

Number of Employees: _____

Phone: _____

Date Company Started in Business: _____

Fax: _____

Tax Exempt Number: _____

Nature of Business: _____

Names & Titles of Officers, Partners, or Owners:

1) _____

2) _____

Trade References

Name:	_____
Address:	_____
Phone:	_____
Fax:	_____
Contact:	_____

Bank References

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Account number: _____

Signature: _____

Title: _____

*If invoices go into collection and or litigation, your company will be held liable for all reasonable attorneys and court fees.