



Phone: 1.866.404.5300
Fax: 1.866.609.8473

Application For Credit

Company Name & Address:

Telephone # _____
Fax # _____
Contact Person _____

Please check one:

Corporation _____
Sole Proprietor _____
Partnership _____

EIN # _____
Sales Tax # _____

Corporate Officers, Titles

Please furnish us with the following information:

Name of Bank _____
Address _____
Account No. _____

Trade References: Please include both the phone and fax numbers.

1. _____

2. _____

3. _____

I/We understand that all invoices are due and payable net 30 days from the date the material is shipped or picked up.

Signature: _____ Title: _____ Date: __/__/__



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AUTHORIZATION FOR BANK TO RELEASE ACCOUNT INFORMATION

Bank Name: _____

Phone Number: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number _____

Depositor Name _____

This is to authorize the above bank to release requested information to Air Cylinders Direct.Com for credit approval purposes only.

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of officer of company: _____

Title: _____ Date: ___/___/___