

# Credit Application



If you are a new customer and would like to set up a Net 30 Account, please complete our Credit Application and fax to (239) 591-4777. You will be notified within 24-48 hours for approval to continue purchasing online using a Net 30 Account payment method. For more information on our

Accounting Office  
6609 Willow Park Dr Ste 102  
Naples, FL 34109  
Email: AccountsReivable@eCompressedair.com

## BILLING/SHIPPING INFORMATION

Company Name: \_\_\_\_\_

Bill to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to: (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

## BUSINESS INFORMATION

Check One:  Corporation  Partnership  Proprietorship  Subsidiary of or  Division of: \_\_\_\_\_

Years in Operation: \_\_\_\_\_

Purchaser Email: \_\_\_\_\_

D&B#: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

A/P Manager: \_\_\_\_\_

Purchaser Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## TRADE REFERENCES

Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

## BANKING INFORMATION

Name of Bank: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Please provide us with copies of all tax exempt certificates**

**Complete and Fax to (239) 591-4777 or Email to ar@ecompressedair.com**

The Applicant acknowledges that should credit be approved, the Terms are Net 30, from Date of Invoice. Invoices not paid within these terms may be subject to Service Charges. If legal action has to be taken to collect funds, the Applicant will be responsible for all additional costs.