



Application for Credit

All information to be held in confidence

IAQ Master Distributors, 9825 Penman Road, Yorkville, IL 60560-9616
 Toll Free: 866-753-4691 | Fax: 630-385-8979 | E-mail: johnadkins50@yahoo.com

<u>Company Information</u>	
Company name:	
Shipping Address:	Billing Address:
City:	
State/Zip	
Phone:	
Fax:	

<u>Business Information</u>	
Type of Business:	Sole Proprietor:
Officer's Names & Titles:	Partnership:
	Corporation:
	Other (explain)
	Sales or Use Tax Exempt
	(If "yes" include Certificate)
Accounts Payable Contact:	Years in Business:
	State of Incorporation:

<u>Bank and Credit</u>	
<u>References</u>	
Bank Name:	Phone
Officer Handling:	
Address:	
Business References (please list three):	Phone Fax
	Phone Fax
	Phone Fax

We certify that the information and statements in this application are true and complete; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed by: _____ **Date:** _____
Title: _____