



APPLICATION FOR CREDIT

FOR OFFICE USE ONLY	
Approval given by:	_____
Credit Limit:	_____



PHONE: 1-800-370-0100 • FAX: 603-889-7308

875 Page St. Manchester, NH 03104
 Mon - Fri: 6:30 a.m.-5 p.m. • Sat: 7:30 a.m.- 11 a.m.

1 B St. Derry, NH 03038
 Mon - Fri: 7 a.m.-5 p.m.

171 East Hollis St. Nashua, NH 03060
 Mon - Fri: 6:30 a.m.-5 p.m. • Sat: 7:30 a.m.- 11 a.m.

Company Name: _____

SHIPPING ADDRESS:	

Street Address	

City	

State	ZIP
_____	_____
BILLING ADDRESS (if different):	

Mailing Address	

City	

State	ZIP
_____	_____

Phone: _____

Fax: _____

Email: _____

How long has the company been in business? _____

Monthly \$ Credit Requested _____ PO Required

Sole Proprietorship Partnership Corporation

Tax Exempt - *Attach Certificate Copy (ST4)*

EPA Certified - *Attach Copy of Approved Card*

Invoices To Be Sent (check one)

Weekly Mail Daily Fax: _____

Email: _____

REFERENCES - BANK (checking account)

Name	Address	Account Number
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REFERENCES - TRADE

Name	Branch Location, State	Account Number	Phone Number
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APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

- Terms: 1% - 10th Net 30th. (A) 1% discount will be allowed on invoices if paid by the 10th of the following months. (B) Net 30th - Invoices **MUST BE PAID** by the 30th of the month following purchase.
- There will be a 2% per month finance charge (25% per annum) on any outstanding amounts due over 30 days. This rate will continue to accrue during the pendency of any litigation or collection efforts until paid in full.
- I (we) guarantee payment of any debts thus contracted.
- The applicant hereby agrees to pay the cost of collection, including attorney's fees and court costs, in the event such collection measures are necessary.
- I (we) authorize my bank(s) stated above to provide information for credit purposes.
- The terms of this Credit Application shall supersede any terms established on any purchase orders provided by you, the customer.
- The above information is for the purpose of obtaining credit and is warranted to be true.

BY: _____ **TITLE:** _____ **DATE:** _____

BY: _____ **TITLE:** _____ **DATE:** _____



PRINCIPAL(S):

Name Home Address, City, State, Zip Social Security Number Date of Birth

Name Home Address, City, State, Zip Social Security Number Date of Birth

Name Home Address, City, State, Zip Social Security Number Date of Birth

Contact Person: Sales _____ Accounts Payable _____

Have You Ever Filed Bankruptcy? _____ Personal or Business? _____ When? _____

CONTINUING GUARANTEE

WHEREAS, TOTAL AIR SUPPLY LLC has been asked by _____
(Debtor Business)

(herein after referred to as Debtor Business) to extend credit to it and WHEREAS, the said TOTAL AIR SUPPLY LLC is willing to extend such credit only on the condition that the Guarantor will guarantee payment of any debts thus contracted by the said Debtor Business. WHEREAS, the undersigned Guarantor is a principal of Debtor Business.

NOW, THEREFORE, for value received, the Guarantor, jointly, severally and individually does hereby guarantee full payment of any debts that may be incurred in favor of TOTAL AIR SUPPLY LLC by Debtor Business now or any time in the future.

This Guarantee shall be construed as an absolute, continuing and unlimited guarantee of payment without regard to the regularity of any liability or obligation of said Debtor Business hereby guaranteed; and the said TOTAL AIR SUPPLY LLC shall not required to proceed first against the said Debtor Business or any other person, firm or corporation or against any collateral security held by him before resorting to the Guarantor for payment.

TOTAL AIR SUPPLY LLC. terms of sale are 1% - 10th Net 30th. Past due accounts will be subject to a finance charge of 2% per month (24% annually). Interest shall continue to accrue at the above stated rate during the pendency of any litigation or collection efforts until paid in full.

In the event of necessary legal action to collect outstanding and delinquent debts due TOTAL AIR SUPPLY LLC, I fully agree to assume and pay the full amount of the debt plus any and all reasonable legal fees and all collection fees.

This Guarantee shall supersede any terms established on any purchase orders provided by you, the Debtor Business. This Guarantee shall also apply to all outstanding obligations of the debtor incurred prior to the date indicated below.

Signed _____ Date _____ Witness _____ Date _____
(Guarantor's Personal Signature)

Signed _____ Date _____ Witness _____ Date _____
(Guarantor's Personal Signature)

Signed _____ Date _____ Witness _____ Date _____
(Spouse's Personal Signature)

CUSTOMER PROFILE

Account: _____ Date Opened: _____ Opened By: _____

Company Name: _____

Address: _____ City: _____ State/ZIP: _____

Your Name: _____ Position/Title: _____

Company Owner's Name: _____

Sales Contact Name: _____ Email: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

How did you hear about Total Air Supply? _____

Who do you currently purchase from? _____

Why? _____

Previous Employer (if applicable) _____

BUSINESS PROFILE

How long has the company been in business? _____

Estimated annual purchases: _____ Estimated percentage of business:

Residential	_____ %	Gas	_____ %
Commercial	_____ %	Oil	_____ %
Retro	_____ %		100%
Service	_____ %		
	100%		

Are you EPA certified? YES NO License # _____ (provide copies)

Are you gas licensed? YES NO License # _____ (provide copies)

What current line of equipment do you install? _____

Do you buy and install square commercial duct? _____

Do you buy and install spiral pipe? _____

Who is your current supplier of shopwork? _____

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