

**PART 1**

.....  
**Company Name (Doing Business As)** ..... **Contact Name for Credit Application** .....

.....  
**Address (Cannot be a PO Box)** .....

.....  
**City** ..... **State** ..... **Zip Code** ..... **County / District** .....

.....  
**Billing Address (if different from above)** ..... **City** ..... **State** ..... **Zip Code** .....

.....  
**Telephone** ..... **Fax** ..... **Email** .....

.....  
**Owner** ..... **Date Est.** ..... **SS# (optional)** ..... **Fed Taxpayer ID** .....

**Business Type / Legal Structure: (check all that apply)**

Corporation     Franchise     Non-profit     School     Religious Organization  
 Federal Gov't     State Gov't     Local Gov't     Hospital     Contractor  
 Partner/Proprietor     Limited Liability     Sub S     Other: .....

**PART 2**

**Do you have a Parent Company?**     **Yes (complete Section 2)**     **No (move on to Section 3)**

.....  
**Parent Company Name (Division or subdivision)** ..... **Phone** ..... **Fax** .....

.....  
**Address** ..... **City** ..... **State** ..... **Zip Code** .....

**Is Parent Company responsible for payment of bills?**     **Yes**     **No**

**PART 3**

**Bank References: (Please fill in all that apply)**

.....  
**Bank Name** ..... **Check Account #** ..... **Loan Account #** .....

.....  
**Address** ..... **City** ..... **State** ..... **Zip Code** .....

.....  
**Telephone** ..... **Fax** ..... **Email** .....

**Customer Trade References: (Commercial & Industrial Trade Vendors with open account status only)**

.....  
**Name** ..... **Account #** ..... **Phone #** ..... **Fax#** .....

.....  
**Address** ..... **City** ..... **State** ..... **Zip Code** .....

.....  
**Name** ..... **Account #** ..... **Phone #** ..... **Fax#** .....

.....  
**Address** ..... **City** ..... **State** ..... **Zip Code** .....

.....  
**Name** ..... **Account #** ..... **Phone #** ..... **Fax#** .....

.....  
**Address** ..... **City** ..... **State** ..... **Zip Code** .....

**PART 4**

**The undersigned agrees** that all purchases of product from Air Delights will be governed by Air Delights' standard terms and conditions of sale as contained in its catalog and website. Any modification of such terms or any additional terms will not be binding upon Air Delights unless they are in writing and signed by Air Delights. Any credit extended by Air Delights to the undersigned and the limits of such credit shall be at Air Delights sole discretion and may be reduced or revoked by Air Delights at any time and for any or no reason. Should Air Delights approve this application, I (we) agree to pay for all goods purchased within thirty (30) days of receipt of order. Air Delights, Inc., is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for the granting of credit. Should it become necessary to collect this account by legal proceedings or otherwise, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISES TO PAY ALL COST OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

.....  
**Authorized Signature REQUIRED** ..... **Name (please print)** ..... **Title** ..... **Date** .....

Please fax to Air Delights 1 (866) 243-5689 or email to [customer\\_service@airdelights.com](mailto:customer_service@airdelights.com)



**Internal Use Only:**     Approved     Denied    **Opening Date:** .....    **Credit Limit:** .....    **Verification Method:** .....