



CFM Air, Inc.
84 IRON STREET
PO BOX 1286
JOHNSTOWN PA 15907
(814) 532-4149

Credit Application Form
Please complete, sign and return this form along with your Credit References. Fax form to (814) 532-4102

Billing Address

Company Name

Attention

Street Address

City, State, Zip

Telephone

Email

Office Address

Company Name

Attention

Street Address

City, State, Zip

Telephone

Email

General Information

Federal Tax ID No.

Company Composition

☐ Individual ☐ Partnership ☐ LLC ☐ Corporation ☐ Sub-S Corp

Corporation State of:

Dun & Bradstreet (D&B) No.

At Present Location Since Date

Are Premises Leased?

☐ Yes ☐ No

Amount of Credit Desired

Principal / Owner

Title

Email

Phone No. & Extension

Ordering Information

Are Written Purchase Orders Required?

☐ Yes ☐ No

Is Merchandise for Resale?

☐ Yes ☐ No

Resale No. (if for resale, please provide Copy of Certificate)

Purchasing Agent

Fax No.

Email

Phone No. & Extension

Accounts Payable Contact

Fax No.

Email

Phone No. & Extension

Bank Information

Bank Name

Branch Name

Bank Contact Officer

Phone No. & Extension

Bank Address

City

State

Zip Code

Type of Account and Account No.

Terms and Conditions

All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize **CFM Air, Inc.** to make any and all inquiries necessary to process this Credit Application.

Name of Authorized Representative

Title

Agreed and Accepted, Signed

Phone No. & Extension

Date