

Remit Payment To:
PO Box 896012
Charlotte, North Carolina 28289-6012

HAHN-MASON AIR SYSTEMS, INC.

HMI SALESMAN # _____

ESTIMATED AMOUNT _____

Telephone 704-523-5000
Fax 704-523-5538

CONFIDENTIAL CREDIT APPLICATION

The following information is submitted for your consideration in granting us a line of credit.

COMPANY NAME: _____

TYPE OF BUSINESS () Corporation
() Partnership
() Sole Proprietorship

ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS STARTED: _____

TELEPHONE: _____

Taxable () ** Non Taxable () Certificate attached

**** IF A JOB IS TAX EXEMPT, WE MUST HAVE CERTIFICATE BEFORE INVOICING ****

BANKING

Name: _____

OFFICERS

Name

Title

Address: _____

City, State, Zip: _____

Telephone No: _____

Account No: _____

TRADE REFERENCES

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone No: _____

Telephone No: _____

Fax No. _____

Fax No. _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone No: _____

Telephone No: _____

Fax No. _____

Fax No. _____

I agree to abide by the terms of sale – Net 30 Days Payment.

Signature: _____

Title: _____ Date _____

E-Mail Address for Invoices: _____

***** CREDIT AMOUNT MAY CHANGE WITH UNILATERAL DISCRETION OF CREDITOR *****