

Remit Payment To:  
PO Box 843521  
Boston, MA 02284

# HAHN-MASON AIR SYSTEMS, INC.

HMI SALESMAN REQUESTING: \_\_\_\_\_

INITIAL CREDIT LINE AMOUNT REQUESTED: \$ \_\_\_\_\_

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 must be attached)

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

### BANKING

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Account No: \_\_\_\_\_

### OFFICERS

Name

Title

_____	_____
_____	_____
_____	_____
_____	_____

### TRADE REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone 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 \*\*\***