



CREDIT APPLICATION:

PLEASE FILL THIS FORM OUT AND EMAIL IT TO
SALES@CITYCOMPRESSOR.COM OR MAIL TO 9750
TWIN LAKES PARKWAY, CHARLOTTE, NC 28269

Date: _____ Business Name: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Date Established: _____

Corporation: Partnership: Sole Proprietorship:

FEIN: _____ Phone Number: _____ Fax Number: _____

Parent Company Name and Address: _____

Business Operates From: Residence: Shop: Office:

Property is: Owned: Leased: From Whom? _____

Principle Owners of Officers, Titles, Addresses and Phone Numbers:

Will you pay sales Tax? If not, certificate of resale must be attached.

Will firm submit financial statement on request? _____

Have you or your firm ever been placed for collection, had liens filed against you, had legal action taken against you, or filed bankruptcy? Yes: No: If, yes, please explain below.

Trade References	Address	Phone No.	Fax No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank Name and Address: _____

Contact Person: _____ Phone/Fax No.: _____

Bank Account No.: _____ Credit Amount Requested: _____

Is Purchase Order Required? Yes: No:

Signed: _____ Title: _____

PLEASE ALLOW 3-5 BUSINESS DAYS
TO PROCESS THIS CREDIT APPLICATION.