



# CREDIT APPLICATION

(PLEASE TYPE OR PRINT)

**NEW ACCOUNTS**  
 P.O. Box 1422  
 York, Pennsylvania 17402  
 Phone: 877-338-2471  
 Fax: 877-727-4332

|  |       |   |  |  |  |
|--|-------|---|--|--|--|
| APPLICANT (BUSINESS OR CORPORATE NAME) |       |   | ACCOUNTS PAYABLE CONTACT NAME  |  | APPLICATION DATE   |
| BUSINESS STREET ADDRESS                |       |   | BILLING ADDRESS (STREET OR P.O. BOX)   |  |  |
| CITY                                   | STATE | ZIP   | CITY   | STATE  | ZIP  |
| BUSINESS PHONE #                       |       |   | DO YOU WANT INVOICES: <input type="checkbox"/> MAILED <input type="checkbox"/> FAXED (FAX # _____)   |  |  |
| BUSINESS FAX #                         |       | YEAR ESTABLISHED  | TYPE OF BUSINESS:<br><input type="checkbox"/> SOLE PRIETOR<br><input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> CORPORATION | IF INCORPORATED, IN STATE OF:<br><br>D & B <input type="checkbox"/> <input type="checkbox"/><br><small>RATING      DATE</small>                                      | FINANCIAL STATEMENT<br><input type="checkbox"/> WILL BE MAILED<br><input type="checkbox"/> ENCLOSED<br><input type="checkbox"/> DECLINED |
| E-MAIL ADDRESS                         |       | NUMBER OF EMPLOYEES   |  |  |  |
| PRINCIPAL BUSINESS ACTIVITIES          |       | BUSINESS BUILDING IS:<br><input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | FEDERAL IDENTIFICATION NUMBER  | HAS OWNERSHIP CHANGED IN THE LAST 2-5 YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>(If Yes, Explain on a Separate Sheet of Paper)</small> |  |

**OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)**

|      |       |              |                |
|------|-------|--------------|----------------|
| NAME | TITLE | HOME ADDRESS | HOME PHONE NO. |
|      | SS#   |              |                |
| NAME | TITLE | HOME ADDRESS | HOME PHONE NO. |
|      | SS#   |              |                |

**BANK OR SAVINGS AND LOAN ASSOCIATION**

|      |                |                |                 |
|------|----------------|----------------|-----------------|
| NAME | BRANCH ADDRESS | ACCOUNT NUMBER | TYPE OF ACCOUNT |
| NAME | BRANCH ADDRESS | ACCOUNT NUMBER | TYPE OF ACCOUNT |

**APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE)**

*(Please Note: Complete addresses are necessary so that we can process your application promptly)*

|      |         |            |              |
|------|---------|------------|--------------|
| NAME | ADDRESS | FAX NUMBER | PHONE NUMBER |
| NAME | ADDRESS | FAX NUMBER | PHONE NUMBER |
| NAME | ADDRESS | FAX NUMBER | PHONE NUMBER |
| NAME | ADDRESS | FAX NUMBER | PHONE NUMBER |

|   |   |
|---|---|
| HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

**TERMS:** In consideration of Dev-Air extending credit to the Applicant, the Applicant agrees to pay within the established credit terms (net 30 days). Applicant acknowledges that a monthly service charge of 1 1/2% shall be made on all sums due Dev-Air which have not been paid according to the invoice terms. Applicant agrees to pay a \$25.00 charge for any returned check. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes Dev-Air to obtain credit and financial information concerning the Applicant at any time and from any source. Applicant agrees to indemnify Dev-Air and its agents from any liability resulting from their credit survey. The undersigned warrants that the above agreement has been carefully read and that Applicant understands it completely.

WE ESTIMATE OUR ANNUAL PURCHASES AT:  
 \$ \_\_\_\_\_ AND REQUEST A  
 CREDIT LINE OF: \$ \_\_\_\_\_

|  |       |
|--|-------|
| PRINT NAME OF APPLICANT                                    | TITLE |
| SIGNATURE OF APPLICANT (must be an officer of the Company) | DATE  |

■ Please attach Sales Tax Exemption Certificate. We are required by law to charge Sales Tax unless we receive an Exemption Certificate.  
*(Copy of Sales & Use Tax License is unacceptable.)*