

1.

2.

Please complete reference sheet on reverse side.

U.S. Fan International®

P.O. Box 978, Muskogee, Oklahoma 74402 Ph: 918-682-7791 Fax: 918-684-0541

APPLICATION FOR CREDIT

In making this application, I/we understand that all accounts, unless otherwise arranged, are payable on or before the net due date as shown on each invoice. If not paid on or before said due date, the account is then delinquent.

TERMS: NET	, NO DISCOUNT, DUE 3	30 DAYS FROM DATE OF INVOICE	
TRADE NAME			
ADDRESS			
ADDRESS(Street)		(City, State and Zip)	
PHONE	FAX NUMBER		
E-MAIL ADDRESS			
Please provide your sales tax exem (Exemption certificate must be attac			-
SOLE PROPRIETORSHIP	DADTNEDSHID	CORRORATION	
· · · · · · · · · · · · · · · · · · ·	FARTNERSHIF	CONFORMION	
SOCIAL SECURITY NUMBER	OF		
FEDERAL IDENTIFICATION NUMBER			
YEARS IN BUSINESS			
APPROXIMATE CREDIT LINE REQUESTED		(See note below)	
THE TROUBLE OF EACH EINE REGEOTES		(000 11010 201011)	
SIGNED		(Date)	
TITLE_			
TITLEThis may be used as an authoriz	zation to secure credit in	formation as requested.	
Note:			

Please submit a financial statement. (Required for a requested credit line of \$25,000 or more.)



U.S. Fan International®

P.O. Box 978, Muskogee, Oklahoma 74402 Ph: 918-682-7791 Fax: 918-684-0541

TRADE REFEREN	NCES**		(This side for office use only)
	PLEASE TYPE OR PRINT PLAINLY		
(1)	(Company Name)		
	(Street Address)		
	(City, State & Zip)		
PHONE	FAX		
(2)	(Company Name)		
	(Street Address)		
	(City, State & Zip)		
PHONE	FAX		
(3)	(Company Name)		
	(Street Address)		
	(City, State & Zip)		
PHONE	FAX		
BANK NAME		Authorizatio	on for Release of Credit Information on Account
	(Street Address)		(Authorized Signature)
	(City, State & Zip)		(Authorized Signature)
	(Oity, State & Zip)		(Title)
	(Contact Person)		(Company Name)
PHONE	FAX		(company Name)