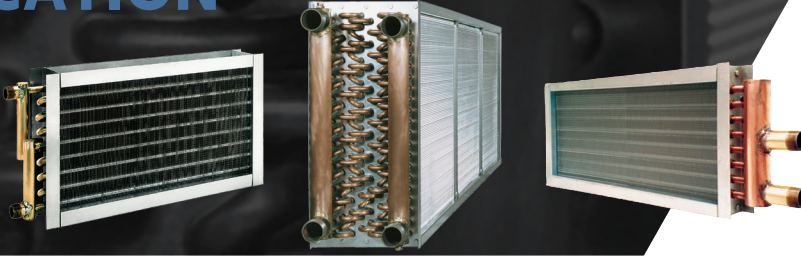


CREDIT APPLICATION



MAIOCCO & ASSOCIATES
HEAT TRANSFER SOLUTIONS | WWW.HXCOILS.COM

Company Name

(LEGAL NAME AS REGISTERED)

Address

City

State

Zip

Phone ()

OWNERSHIP

Sole Proprietorship Partnership Corporation

(STATE OF LEGAL REGISTRATION)

Type of Business

Number of Years in Business

Dunn & Bradstreet Rated?

No

Yes

(D&B DUNN'S NUMBER)

LIST ALL OWNERS, PARTNERS AND / OR OFFICERS

Name

Title

Phone ()

Name

Title

Phone ()

Name

Title

Phone ()

Name

Title

Phone ()

CREDIT APPLICATION

BANK REFERENCE

Bank Name _____

Address _____

City _____

State _____

Zip _____

Phone () _____

Account Number _____

TRADE REFERENCES

Company Name _____

City _____

State _____

Zip _____

Phone () _____

Fax _____

Contact _____

Company Name _____

City _____

State _____

Zip _____

Phone () _____

Fax _____

Contact _____

Company Name _____

City _____

State _____

Zip _____

Phone () _____

Fax _____

Contact _____

I do hereby certify that all information contained herein is true and complete to the best of my knowledge.

Signed _____

Title _____

Date _____

OFFICE USE ONLY (Do not complete)

Approved

Dissapproved - Reasons _____

Line of Credit _____