

# APPLICATION FOR CREDIT



P.O. Box 400 • Cordele, Georgia 31010-0400  
Phone (229) 273-3636 • Fax (229) 273-8633

Date \_\_\_\_\_  
Company Name or Individual \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Billing Address \_\_\_\_\_ Years at Present Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Corporation \_\_\_\_\_ Date Incorporated \_\_\_\_\_ Partnership \_\_\_\_\_  
Where Incorporated \_\_\_\_\_  
Principals of Company: \_\_\_\_\_ D & B Number \_\_\_\_\_  
Owner \_\_\_\_\_  
President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
Is company tax exempt? \_\_\_\_\_ (If yes, please attach copy of certificate)

**Trade References:**

1.	Name	_____	_____	_____
	Address	_____	City, State	_____
	Phone	_____	Fax	_____
2.	Name	_____	_____	_____
	Address	_____	City, State	_____
	Phone	_____	Fax	_____
3.	Name	_____	_____	_____
	Address	_____	City, State	_____
	Phone	_____	Fax	_____

I do hereby grant Marvair®, A Division of Airxcel®, Inc. permission to investigate and solicit information regarding the above named company by obtaining data from a credit reporting agency and/ or other sources.  
I the undersigned, being an authorized agent of the entity listed above as the applicant for the extension of commercial credit, understand the stated terms and conditions of sale and agree to pay all invoices received within the terms. I also agree to pay interest of 1.5% per month, each and every month, on the past due unpaid balance, until the entire balance is paid in full. I also agree to pay all collection or legal fees incurred by Marvair as a result of non payment. Marvair reserves the right at all times to limit or terminate credit terms.

Information given by \_\_\_\_\_

<b>FOR MARVAIR USE ONLY</b>		
Credit Approved	_____	Terms _____ Date _____
Signed	_____	Title _____