



Tronair, Inc
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 FAX: (419) 867-0634
 WEB: tronair.com

CREDIT APPLICATION

RETURN TO:

Please complete this form and return via fax to 419-867-0634, attn: AR
 or email completed form to AR@tronair.com

***Information marked with *** must be filled out, or the application will not be processed. If your company is tax exempt, you must attach your exemption certificate to the application.

COMPANY INFORMATION:	
COMPANY NAME:	
BUSINESS ADDRESS:	
MAILING ADDRESS:	
TELEPHONE:	FAX:
***A/P CONTACT NAME:	***A/P CONTACT PHONE#
***A/P EMAIL ADDRESS:	***TAX STATUS: TAX EXEMPT ___/TAXABLE ___ STATE ___
TYPE OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____	
YEARS IN BUSINESS:	AMOUNT OF CREDIT DESIRED:
FEIN# (9-DIGIT) or VAT:	DUNS#

BANK REFERENCE: (Use additional paper if more than one reference)	
BANK NAME:	
ADDRESS:	
ACCOUNT NUMBER:	CONTACT NAME:
TELEPHONE:	FAX:

VENDOR REFERENCES: Providing fax number will accelerate approval time Companies outside the US, please provide Country Code & City Code when listing phone numbers An authorized agent of your company MUST sign and date the bottom of this form	
VENDOR NAME:	
VENDOR ADDRESS:	
TELEPHONE:	FAX:
CONTACT NAME:	ACCOUNT NUMBER:
VENDOR NAME:	
VENDOR ADDRESS:	
TELEPHONE:	FAX:
CONTACT NAME:	ACCOUNT NUMBER:
VENDOR NAME:	
VENDOR ADDRESS:	
TELEPHONE:	FAX:
CONTACT NAME:	ACCOUNT NUMBER:

By signing this form, I authorize the above and/or following references to release any information for proper review of credit history.
 (NOTE: an authorized agent of your company MUST complete this portion)

Signature _____ Title _____

Name (Printed) _____ Date _____