Credit Application  Return To: G.W. Berkheimer Co., Inc.									
Date:			П	Corporation					
Firm Name:		☐ Partnership ☐ L.L.C.							
Business Address:				Sole Proprietorship					
City:		itate:	Zip Code:						
Phone No.:	_								
Fax No:		deral I.D. No. or cial Security No							
Accounts Payable Contact:									
Tax Exempt?* ☐ Yes ☐	No P	O. Required?	□Yes	□ No					
* If tax exempt, a sales tax exemption	n form must be c	ompleted and	attached.						
	Partners, O	fficers or Owner	^S						
Name	Titl	е	% Owned	Activity in Business					
Home Address (Required if L.L.C. or Sole Prop.):				Home Phone:					
City:		State:	Zip Code:						
Contractor's License No.:			Classification:						
Bank Name:	Bank Accou	Bank Account No.:							
Year Business Started?:	Succeeding	Succeeding Whom?:							
Business Property:  Own F		How often are Financial Statements Prepared?							
Annual Purchases of HVACR Material?		Anticipated	Anticipated Monthly Credit Requirement \$						

		Credit Refe	rences		
	Firm Name	Complete Ad	dress	Phone No.	Account No.
1.					
'.					
2.					
3.					
4.					
5.					
Descri	be your business:			Number of _	Service
			Employees:		
				_	Installers
What is your major equipment line?:			-	Mechanics	
				_	Sales
What is your secondary equipment line?:				Office	
· · · · · · · ·	o your occorrdary equipment into the			_	
				_	TOTAL
2. Are If y	ase list those who are authorized to responsibility to inform Berkheimer ayou EPA certified to purchase refres, appropriate certification must be ase attach your corporate financial bodyle 1065)	er of any changes to this	No		
Print N Print T	hedule 1065). lame:			Date:	
Signat	ure:				