

Harding Supply HVAC

143 Harding Highway
Route 40 West
Pittsgrove, NJ 08318

Phone: 856-358-0004

Fax: 856-358-0062

Confidential credit Application

Full legal name of corporation, partnership, sole

proprietorship, or l.l.c.: _____

Street: _____

City: _____ state: _____ zip code: _____

Phone: _____ fax: _____

State of incorporation: _____ e.i.n. # _____

Start date of business: _____ Annual sales: _____

Have you or a company you had ownership in ever declared bankruptcy? yes no

Do you have any pending lawsuits or judgments against you or your company? yes no

Please list the names of all members, officers, or partners:

Name	Social security #	Address (not a p.o. box)	Phone #	title

Bank references (required for a charge accounts):

Bank name: _____ branch: _____ phone: _____

Account name: _____ Checking account #: _____

Street _____ city _____ state: _____ zip code: _____

Trade references:

1) Name:	Phone:	Fax:
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Street:	City:	State: Zip:
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2) Name:	Phone:	Fax:
Street:	City:	State: Zip:

3) Name:	Phone:	Fax:
Street:	City:	State: Zip:

4) Name:	Phone:	Fax:
Street:	City:	State: Zip:

Please give a brief description of your type of business (mechanical, gas service/install, oil service/install, refrigeration, Etc.):

The undersigned hereby makes this application for credit to harding supply and agrees to terms of 30 day payment from invoice date, after which a 1.5% service charge will be applied. The undersigned also gives harding supply the right to verify all information is correct and check credit worthiness. The persons signing this application certify that all information on this application is correct and complete.

Customer signature: _____

Please print: _____

Date: _____