

# ALFRESCO HEATING CREDIT APPLICATION

**Name/Address**

Last:	First:	Middle Initial:	Title
Company Name:			Tax I.D. Number
Address:			
City:	State/Province:	ZIP/Postal Code:	Phone:

**Company Information**

Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:			
State/Province/Country:		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
		Proprietorship <input type="checkbox"/>	Other <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:
Address:	City:	State/Province:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:			Title:
Address:	City:	State/Province:	ZIP: Phone:

**Bank References**

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Contact Person :	Contact Person :	Contact Person :
Phone:	Phone:	Phone:

**Trade References**

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

**Financial Information**

Company Total Assets : Annual Net Income:	Company Total Liabilities:	Amount of Credit Requested:
Have you or your officers or affiliates ever filed a petition in bankruptcy?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your company subject to any litigation?    Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:		

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

me: Printed Na \_\_\_\_\_

**Please fax to 415-884-0755 or see "contact us" page for other sending methods**