



Offering Compressed Air Solutions Since 1991

242 Denny Way El Cajon, CA 92020
(866) 924-7822 Fax (619) 444- 4939
Website: www.airvacinc.com
Contractors License 654043

Dear Customer,

Thank you for choosing Air Vac Systems for your air compressor and vacuum pump needs. Please find the contact information for the following departments.

ServiceX 104
PartsX109
Equipment Sales X.101
Accounts Payables X 110
Credit Department..... X 102

We have attached a credit application for your convenience. Please feel free to fax the completed form back to 866-905-6956. While you are awaiting terms for your company to be approved, please fill out the attached credit card form so that we may meet your needs immediately. If you have any questions regarding your credit application, please contact ext.102.

Thank you,

The Air Vac Family



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Credit Card Authorization

Company: _____

Name on Credit Card: _____

Credit Card Billing Address: _____

City / State: _____ **Zip Code:** _____

Amount: _____

Type: Visa / Master Card

Card #: _____ - _____ - _____ - _____ **Exp:** __ / __ **CVC:** ___

Type: American Express

Card #: _____ - _____ - _____ **Exp:** __ / __ **CVC:** ___

I, _____ authorize Air Vac Systems to charge my credit card for the above notated amount.

Authorized Signature: _____ **Date:** __ / __ / _____



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Credit Limit : _____
Terms : _____
By: _____

Company Name : _____
Tax ID Number: _____ Phone _____ Fax: _____
Company Address : _____
Accounts Payable Contact _____ Fax _____ Email _____
Estimated Annual Sales: _____ Circle one: Incorporated Partnership Sole Proprietorship

Authorized Purchasers : _____
PO Number Required Y or N (Please circle) Method of Delivery Preferred for Invoices: Please circle Email or Fax

Owners, Principals, and Officers

Name _____ Title _____ Address _____
Phone _____ SS# _____

Name _____ Title _____ Address _____
Phone _____ SS# _____

Trade References

Name _____ Address _____ Phone _____
Contact _____ Credit Limit _____ Terms _____

Name _____ Address _____ Phone _____
Contact _____ Credit Limit _____ Terms _____

Name _____ Address _____ Phone _____
Contact _____ Credit Limit _____ Terms _____

Bank References

Bank: _____ Address: _____ Phone: _____
Circle one: Savings Checking Acct# _____

All Invoices will be emailed or faxed. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Name _____ Title _____ Date _____

Personal Guarantee

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Name _____ Date _____ Name _____ Date _____