

CREDIT APPLICATION

# ATLANTIC HEATING & COOLING SERVICE, INC.

553 Central Drive Virginia Beach, VA 23454  
Phone: (800) 627-0778 Fax: (757) 460-5555

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ No. of years in business: \_\_\_\_\_

Is Applicant: An individual \_\_\_\_\_ Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Tax Exempt? Y or N

Tax Exempt #: \_\_\_\_\_

**\*CREDIT REFERENCES\***  
**Please fill this section out in full**

**Bank:**  
Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Trade:**  
1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**\*\*CREDIT AMOUNT APPLIED FOR: \$ \_\_\_\_\_ PER MONTH\*\***  
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Principle Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_  
\_\_\_\_\_

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**Person(s) Authorized to Request Service for this Customer:**  
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Name: \_\_\_\_\_

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

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

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

I / We hereby authorize Atlantic Heating & Cooling Service, Inc. to obtain any credit or other information from whatever sources they may consider appropriate in order to establish and maintain a credit account in my/our name. I / We understand that all invoices are due and payable fifteen (15) days from date of invoice and personally agree to pay 1.5 % interest per month (18% per annum) or as otherwise specified from time to time on the invoices rendered, on amounts overdue, in addition to any collection, court and legal costs that may be incurred in order to collect amounts that may become delinquent hereunder in the amount of 33%. All returned checks are subject to \$50 return fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_