

# Account Application to Mid-America Portable Air

## Billing Information: (Please Print)

Company: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ County: \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Years in Business \_\_\_\_\_

Web Site: \_\_\_\_\_

Is This Credit Application for:

An Individual  A Corporation  Other (Specify) \_\_\_\_\_

## Bank Reference (required)

Bank/Credit Union Name \_\_\_\_\_ Account Number \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person \_\_\_\_\_

## Current Trade Reference (2 Required)

Name \_\_\_\_\_ Name \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize the above named banks and references to release credit information to Mid-America Portable Air

Terms: Mid-America Portable Air account terms are net 15 days. All accounts are due and payable according to the terms stated on the invoice. A service charge of 1.5% per month will be charged on all outstanding balances over 30 days from the date of the invoice. This is an annual interest rate of 18%. All accounts unpaid over 45 days from the date of the invoice are automatically placed on COD until made current. All costs incurred for collection including reasonable attorney fees will be the responsibility of the applicant. I acknowledge I have read and understand the terms that are outlined above and hereby certify that the applicant unconditionally agrees to abide by them.

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_