

242 Denny Way El Cajon, CA 92020 (866) 924-7822 Fax (866) 905-6956

Website: www.airvacinc.com Contractors License 1113208 Company Name:

| Tax ID Number:                                       | Phone:                  | Fax                            | :                         |
|--|-------------------------|--------------------------------|---------------------------|
| Company Address:                                     |                         |                                |                           |
| Accounts Payable Contact:                            |                         | Fax:                           | Email:                    |
| Estimated Annual Sales                               | Check one:              | Incorporated Partne            | rship Sole Proprietorship |
| Authorized Purchasers:                               |                         |                                |                           |
| PO Number Required: Y or Estimated Monthly Purchases | N Preferred M           | ethod of Delivery for Invoices | s: Email Fax              |
| Owners, Principals, and Offi                         | cers                    |                                |                           |
| Name:<br>Phone:                                      | Title:<br>SSN:          | Address:                       |                           |
| Name:<br>Phone:                                      | Title:<br>SSN:          | Address:                       |                           |
| Trade References                                     |                         |                                |                           |
| Company Name:<br>Contact:                            | Phone:<br>Credit Limit: | Terms:                         | Fax:                      |
| Company Name:<br>Contact:                            | Phone:<br>Credit Limit: | Terms:                         | Fax:                      |
| Company Name:<br>Contact:                            | Phone:<br>Credit Limit: | Terms:                         | Fax:                      |
| Bank References                                      |                         |                                |                           |
| Bank Name:   |                         | Phon                           | e:                        |
| Check One: Checking                                  | Savings                 | Account Numbe                  | er:                       |
|  |                         |                                |                           |

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.

Title: Date: Name: