



Building Automation Products, Inc.

CREDIT APPLICATION

Date: _____

All fields must be completed

CUSTOMER
 DESCRIPTION OF BUSINESS
 BUSINESS STRUCTURE
 LICENSING INFORMATION
 BANK REFERENCES
 TRADE REFERENCES
(4 MINIMUM)

Legal Name: _____

Address: _____

Address: _____

Telephone: _____

Fax: _____

Contact Name: _____

E-mail: _____

Annual \$ Sales	In Business Since	No. of Employees	Amount of \$ Credit Requested
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Corporation Publicly held
 Corporation Closely held
 Partnership General
 Partnership Limited
 Sole Proprietorship

Federal Tax
ID Number

Resale
Number _____

Name:
Address:
Address:
Telephone:

Acct. No.:

Name:
Address:
Address:
Telephone:
Contact Name:

Fax:
Email:

Name:
Address:
Address:
Telephone:
Contact Name:

Fax:
Email:

Name:
Address:
Address:
Telephone:
Contact Name:

Fax:
Email:

Name:
Address:
Address:
Telephone:
Contact Name:

Fax:
Email:

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