



Building Automation Products, Inc.

Account Information

Please return ASAP to prevent order delays

Dear Accounts Payable:
Please provide the following information:

Company Name: _____

AP Contact Name: _____

Contact E-mail Address: _____

Contact Phone #: _____

Contact Fax #: _____

Please attach: **W-9 Request for Taxpayer Identification Number and Certification**
and Sales and Use Tax Exemption Certificate

How would you like to receive your BAPI Invoices? E-Mail or US Mail

E-MAIL (up to 4 addresses): _____

Mailing Address: _____

Send completed forms to: Julie Olson
BAPI Accounts Receivable
Fax: 608-735-4804
E-mail: JOlson@bapihvac.com
Phone: 608-735-4800

Please notify us immediately of any changes to the above information.

Thank you for your prompt attention to this matter!

Julie Olson
Accounts Receivable

Upgrade to BAPI. 100% Compatible. Guaranteed.



Building Automation Products, Inc.

CREDIT APPLICATION

Date: _____

Please Complete All Fields

**COMPANY
INFO**

Legal Name: _____
 Address: _____
 Address: _____
 Telephone: _____ Fax: _____
 Contact Name: _____ E-mail: _____

**DESCRIPTION
OF BUSINESS**

Annual \$ Sales In Business Since No. of Employees Amount of \$ Credit Requested

**BUSINESS
STRUCTURE**

Corporation Publicly held Corporation Closely held Partnership General Partnership Limited Sole Proprietorship

**LICENSING
INFORMATION**

Federal Tax ID Number _____ Resale Number _____

**BANK
REFERENCES**

Bank Name: _____
 Address: _____
 Address: _____
 Telephone: _____

Bank Acct. No.: _____

**TRADE
REFERENCES
(4 MINIMUM)**

Name: _____	Contact Name: _____
Address: _____	
Address: _____	Email: _____
Telephone: _____	
Fax: _____	
<hr/>	
Name: _____	Contact Name: _____
Address: _____	
Address: _____	Email: _____
Telephone: _____	
Fax: _____	
<hr/>	
Name: _____	Contact Name: _____
Address: _____	
Address: _____	Email: _____
Telephone: _____	
Fax: _____	
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Name: _____	Contact Name: _____
Address: _____	
Address: _____	Email: _____
Telephone: _____	
Fax: _____	

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