

Please fill out this form, and fax it to: **(630)-543-2614**

Company Name:	
Street Address:	
City / State / Zip:	
Phone:	
Fax:	
Full Names(s) of Owners(s):	
1.	
2.	
3.	
Type of Business:	
Years in Business:	
How did you learn about our company?	
Trade References	
Reference 1	
Name:	
Phone:	
Address:	
Reference 2	
Name:	
Phone:	
Address:	
Reference 3	
Name:	
Phone:	
Address:	
<small>Should you approve this application, I (we) undersigned agree to pay for all the services performed according to your terms which are Net 30 days. Invoices, not paid when due are subject to a finance charge of 1 1/2% per month. A-1 Air Compressor, Corp. is authorized to contact any references listed above solely for the basis of granting credit. Confirm by checking the 'I agree' checkbox, and entering an authorized name and title.</small>	
Authorized Name:	
Title:	