

32 Frosty Lane Asheville, NC 28806

"Your Commercial Refrigeration Specialists"

Phone 828-253-7801 Toll Free 1-866-662-9347 Fax 828-253-4101

CREDIT APPLICATION AND AGREEMENT

Customer Contact N	ame:		
Business Name: _			
Physical Address: _			
Billing Address: _			
(If different than above)	Billing Contact:		
Email Address for In	voicing:		
Type of Business: (Check One)			
	TRANE	REFERENCES	
(Please include a			er to process your application)
Company Name: _			
Contact:			
Address:			
Phone Number:			
Fax Number:			
Account Number:			

Company Name:		
Contact:		
Address:		
Phone Number:		
Fax Number:		
Account Number:		
Office use only:		
•		
Contact:		
Address:		
Fax Number:		
Office use only:		
references. We agree to us following the da attorney's fees incurred complete credit applica	p pay for all goods that we purchase of your invoice. We agree to by you in collecting amounts in d	ch investigation of our bank and credit se from you within the terms that are given pay all legal costs, including reasonable efault. Please allow 2 weeks to process ng on response, or the lack of, from given
Signature	Title	Date
Print Name		



PLEASE MAKE SURE YOU INCLUDE A GOOD CONTACT FOR EACH OF YOUR TRADE REFERENCES

If you're unable to provide us with the fax numbers, this will delay the processing of your credit application. We only ask for information needed to move forward in establishing your account.

If you are missing or have any information needed left blank we will be unable to process until this is completed by your company.

Please fax back or email completed forms to:

Fax: 828-253-4101

Email: office@blueridgerefrigeration.com

We appreciate your cooperation.

Thank you! Have a great day!