



## CREDIT APPLICATION—NEW CUSTOMERS

### To be Completed by Customer:

<b>DATE:</b>	_____
<b>BANK:</b>	_____
<b>BANK REPRESENTATIVE:</b>	_____
<b>BANK FAX NUMBER:</b>	_____
<b>ACCOUNT #:</b>	_____

We, \_\_\_\_\_, have applied for credit with FJC Air Conditioning Products. This form serves as our express authorization for you to complete the information requested below and/or to discuss our banking information with FJC via phone, if needed. Please complete the following information and FAX to FJC at 800-713-0761 as soon as possible as we have an order pending at this time.

_____	_____	_____
Authorized Company Signature	Title	Date

### To be Completed by Financial Institution:

Upon completion, please FAX to FJC at 800-713-0761.

ACCOUNT TYPES:	Checking _____	Loans _____
BANKING RELATIONSHIP SINCE (DATE OPENED):	_____	
AVERAGE MONTHLY CHECKING BALANCE:	_____	
NSF/RETURNED CHECKS DURING PAST 12 MONTHS:	_____	
OUTSTANDING LOAN BALANCES:	_____	
PAYMENT HISTORY:	Prompt _____	Past Due _____
		Past Due 30 days _____
		Past Due 60 days _____
		Past Due >90 days _____

_____	_____	_____
Authorized Banking Signature	Printed Name and Title	Date