



ACC CLIMATE CONTROL

25163 Leer Drive ▲ PO Box 1905 ▲ Elkhart, IN 46515  
574.264.2190 Phone ▲ 800.462.6322 Toll Free ▲ 574.266.6744 Fax  
acc@accclimatecontrol.com

Credit Application

Please print, complete and fax this form to 574.266.6744

Name of Firm or Individual \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Years at this address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ @ \_\_\_\_\_

**HEREBY applies for credit in accordance with the terms and conditions of:**

**ACC Climate Control**  
**ATTN: Carey Harris, Controller**  
**25163 Leer Drive**  
**PO Box 1905**  
**Elkhart, Indiana 46515**

**TO:**

**TERMS:**  
**NET 30**  
**(COD until credit application approved.)**

**The following information must be provided. It will be held in the strictest confidence:**

- Corporation    Partnership    Individual
- Check here if incorporated within the past 12 months.

**Ownership**

**Name(s) of Principal(s):**

1. Name \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_  
Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

4. Name \_\_\_\_\_  
Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

**Finance**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_  
Bank Officer or Department \_\_\_\_\_

Phone \_\_\_\_\_

**References**

1. Business Name \_\_\_\_\_  
Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Business Name \_\_\_\_\_  
Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Business Name \_\_\_\_\_  
Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

4. Business Name \_\_\_\_\_  
Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

Check here if cash sales are okay until credit is approved.

**I certify that all the information in this credit form is correct. We fully understand your credit terms**

and agree to the proper payment in consideration of extended credit.

**TERMS: I hereby certify that the statements in this application for open account credit are true and complete. By my signature below, I hereby agree to pay all bills when same become due or payable pursuant to the terms of the sale. I further agree to pay all interest charges, not to exceed 1 1/2% per month, on any past due balances, if applicable, and all collection cost plus reasonable attorneys fees in the event action is commenced against me for non-payment.**

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Signed

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Printed Signature

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Title

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Date Signed

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