



DAIKIN APPLIED AMERICAS INC.
Credit Application
 Must be filled out for all new customers
 Return to Credit Department - Fax 763-553-5296

Purchasing Contractor:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____

Purchase orders made out to Daikin Applied required with each order.

Interested in discount? Yes No

Current Financial Statement Required:

Bank Name: _____ Contact: _____

Account No.: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Bonding Information:

Bonding Agent: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Principal Suppliers:

Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

**If order is greater than \$15,000,
 please complete job information form No. 1F-1410**

For Credit Dept. Use Only	
Date:	_____
Order Amount:	_____
G.O. Number:	_____
Salesman:	_____
Rep Office:	_____