



**Air Movers**  
 Corporate Headquarters  
 5109 N National Dr.  
 Knoxville, TN 37914  
 855-242-9030  
[www.airmovers.com](http://www.airmovers.com)

New Customer Application

Return to: [billing@cleanfreak.com](mailto:billing@cleanfreak.com)

**SECTION I**

Date \_\_\_\_\_ Sales Rep \_\_\_\_\_  
 Legal Business Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
                                                                 Street                                                                City                                                                State                                                                Zip  
 Shipping Address \_\_\_\_\_  
                                                                 Street                                                                City                                                                State                                                                Zip  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Company Website \_\_\_\_\_  
 AP Contact \_\_\_\_\_ E-mail \_\_\_\_\_  
 AP Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Purchasing Contact \_\_\_\_\_ E-mail \_\_\_\_\_  
 Purchasing Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**SECTION II**

Entity Type \_\_\_\_\_ State of Origin \_\_\_\_\_  
 Date Established \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Has company or principals ever filed for bankruptcy? \_\_\_\_\_  
 Any judgments ever entered against company or principals? \_\_\_\_\_  
 Any pending legal actions against company or principals? \_\_\_\_\_  
  
 For Corporation or Limited Liability Comp. please provide Corporate Officers/Members:  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
  
 For Partnership or Sole Proprietor please provide General Partners or Individual:  
 Name \_\_\_\_\_ Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

**SECTION III**

Trade References:  
 Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Bank Reference \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Bank Address \_\_\_\_\_ Contact Name \_\_\_\_\_

## SECTION IV

Anticipated Monthly Purchases \_\_\_\_\_

Terms Requested \_\_\_ COD \_\_\_ Credit Card \_\_\_ Net 15 \_\_\_ Net 30 \_\_\_ Other \_\_\_\_\_

If requesting extended terms beyond Net 30 provide contact information for Controller/AP:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

If requesting credit card terms applicant agrees for card to be authorized at the time of order entry.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Email Address for Receipt \_\_\_\_\_

Purchase Order Required? Yes No Back Order Allowed? Yes No

Priced Delivery Ticket? Yes No Substitutions Allowed? Yes No

Sales Tax Exempt? Yes No **(If Yes, copy of certificate must be submitted)**

Special Instructions \_\_\_\_\_

Any time or days deliveries cannot be made? \_\_\_\_\_

\_\_\_\_\_

## TERMS AND CONDITIONS

Applicant hereby affirms that the information provided on this credit application is true and complete to the best of their knowledge and applicant authorizes Kelsan to contact and verify all references.

Any falsified information may result in rescinding of credit. Applicant agrees to pay all invoices in full according to the credit term provided. Applicant agrees that Kelsan shall charge a late charge of 7.5% on all delinquent balances. In the event of default, applicant agrees to pay collection costs up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name \_\_\_\_\_ (must appear in Sec II) Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

## CONTINUING PERSONAL GUARANTY

In consideration of Seller's agreement to extend credit to Applicant, as identified in Section I of this credit application, the undersigned individual(s) personally guarantee to Seller the payment of any and all current and/or future obligations owed by Applicant to Seller, any sums which may be advanced under application, or any other extension by Seller to Applicant. Applicant further agrees to that in the event of default, Seller shall charge and Applicant agrees to pay collection fees up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_