



# BUSINESS ACCOUNT APPLICATION

## CONTACT INFO

COMPANY NAME: \_\_\_\_\_

PRESIDENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCTS PAYABLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

A/P EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

## BANK & BUSINESS INFO

TYPE OF BUSINESS: \_\_\_\_\_

ESTIMATED MONTHLY PURCHASE VOLUME: \_\_\_\_\_ PURCHASE ORDER REQUIRED?  YES  NO

BANK NAME: \_\_\_\_\_ TYPE OF ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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## BUSINESS REFERENCES

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

I certify that the information contained herein is accurate and true. I hereby authorize Atlanta Air Authority to obtain written or verbal information from references listed on this application. I also recognize Atlanta Air Authority's terms on invoices and acknowledge & authorize a service charge of 1.25% per month on any past due balances as of the last day of the term and a late fee of \$15.00 on any payment that is overdue. Accounts are subject to be put on hold if the account does not remain current.

This application is for **10 day** billing terms

Payments are due 10 days from invoice date, after the 10 days a 1.25% service charge will be applied and possibly an additional late fee of \$15

Please fax to **678-426-8827** or scan and email to **BILLING@AAHVAC.NET**

SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_