

Account Information

Please return ASAP to prevent order delays

Dear Accounts Payable:	
Please provide the following information:	
Company Name:	
AP Contact Name:	
Contact Email Address:	
Contact Phone #:	
Contact Fax #:	
Please attach: W-9 Request for Taxpayer Identification Number and	Certification and Sales Use Tax Exemption Certificate
How would you like to receive your invoices? Email	US Mail
EMAIL (up to 4 addresses):	
Mailing Address:	
Send completed forms to: Accounts Receivable	
Blackhawk Supply	
Fax: 847-394-8083	
Email: cs@blackhawksupply.com	
Please notify us immediately of any changes to the above information	1.
Thank you for your prompt attention to this matter!	
Blackhawk Supply Accounts Receivable	
Supplying HVAC Professionals the	Right Parts at the Right Price! ————————————————————————————————————



CREDIT APPLICATION

Please complete all fields

	Legal Name:		
	Address:		
COMPANY	Address:		
INFO		Fax:	
	Contact Name:	Email:	
BUSINESS DESCRIPTION	Annual Sale: \$ In Busines Since	e: Employees: Amount of Credit Requested: \$	
BUSINESS STRUCTURE	Corporation is: Publicly Held? Closely Held? General Partnership? Sole Proprietorship?		
LICENSING INFORMATION	Federal Tax ID Number: Resale Number:		
BANKING NFORMATION	Bank Name: Address: Address: Telephone: Bank Account Number:		
TRADE REFERENCES (4 MINIMUM)	Name: Address: Telephone: Contact Name: Email:	Name: Address: Telephone: Contact Name: Email:	
	Name: Address: Telephone: Contact Name: Email:	Name: Address: Telephone: Contact Name: Email:	

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