

MARYLAND HVAC WHOLESALERS

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Application to Maryland HVAC Wholesalers to Accounts (Open Account Billing or Cash Customer Account)

The following information is submitted as a basis to create a Cash Customer Account which allows for special deals and pricing on products and orders. Please type/print **NEATLY**. Fill out for in its entirety. **Incomplete forms CANNOT be processed!**

Type of Account being requested: _____ In Store Line of Credit (**Section I & II**)
_____ COD-Check/Cash/Credit

Section I – Customer Account

Name of Business: _____

Address (Billing): _____

City: _____ State: _____ Zip code: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Fax: _____ Date Established: _____

Type of Organization, Proprietorship: _____

Type of Business: _____ Corporation: _____

Annual Sales: \$ _____

Proprietor/Partners: _____ SSN: _____ - _____ - _____

Proprietor/Partners (#2): _____ SSN: _____ - _____ - _____

If Corporation/LLC - State Incorporated: _____

Date: _____ EIN: _____

Address of Owner(s): _____

Email Address: _____

Enclose a copy of current financial statement or annual report if available.

Processed By: _____ Date: _____

Signature: _____

