

GENERAL INFORMATION:

1. Firm or Business Name:		
2. Doing Business As (DBA):		
3. Street Address:		
4. Billing Address:		
5. City:		
6. Telephone:		
8. Please list all offices and/or affiliate addresses below: _		
9. E-Mail Address:		
10. Accounts Payable Contact Name:		
11. Years in Business:		umber:
13. Type of Business: Sole Proprietorship		
Partnership		
14. Type of Work:		
15. Proprietor, Partners, Officers (if incorporated):		
Name:		
City:	State:	_ Zipcode:
Name:		
City:	State:	_ Zipcode:
16. Year Business Established:	— Years at Prese	nt Location:
18: List employee(s) names and titles that can sign contrac	ts and/or authorize	purchase orders/work orders on
behalf of your company:		
19. Are you accredited by the Better Business Bureau?	Yes	_ No
20. D & B Number & Rating:		

BANKING INFORMATION:

1. Bank Name:		
2. Street Address:		
3. City:	State:	Zipcode:
4. Account Number:		
5. Bank Contact:		
6. Phone Number:		
CREDIT	REFERENCES:	
CREBIT	ILT LILINGEJ.	
1. Company Name:		
Mailing Address:		
Telephone Number:		
Contact Person:		
E-Mail Address:		
How long have you been doing business with this comp	pany?	
2. Company Name:		
Mailing Address:		
Telephone Number:		
Contact Person: ————		
E-Mail Address:		
How long have you been doing business with this comp		
3. Company Name:		
Mailing Address:		
Telephone Number:		
Contact Person:		
E-Mail Address:		
How long have you been doing business with this comp	pany?	

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor/customer relation with Thermal Tech & Temp, Inc. and/or Thermal Tech & Temp, Inc. clients. I hereby agree that Thermal Tech & Temp, Inc. may investigate my record and that, if approved, Thermal Tech & Temp, Inc. may furnish this authorization to secure the information they need to establish a business relationship.

(NAME)

(TITLE)