



**ARCTIC WOLF™**  
**BY HAMMOND AIR CONDITIONING LTD.**

**CREDIT APPLICATION & AGREEMENT**

**IF YOU ARE A LIMITED OR INCORPORATED COMPANY**

Exact Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Province/State: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

President: \_\_\_\_\_ Email: \_\_\_\_\_

Other Officers: \_\_\_\_\_ Title: \_\_\_\_\_

Federal ID# (IRS#) (US only) \_\_\_\_\_ (Required to ship across border)

How long in business: \_\_\_\_\_ yrs Associated Companies: \_\_\_\_\_

**IF YOU ARE AN INDIVIDUAL OR PARTNERSHIP**

Full Name as shown on your birth certificate, citizenship papers or similar document:

Operating As: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_ Province / State \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License#: \_\_\_\_\_

**REFERENCES:**

Bank: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

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**INSTALLATION & SERVICE OF AIR CONDITIONING UNITS FOR ALL ON AND OFF ROAD EQUIPMENT**

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**HAMMOND AIR CONDITIONING LTD.**

125 Samnah Crescent, RR #4, Ingersoll, Ontario N5C 3J7  
Tel: (519) 485-5961 or 1-800-267-2665 • Fax: (519) 485-3745 or 1-888-267-3745  
Email: sales@hammondac.com • www.hammondac.com

Major Supplier	Telephone #	Fax #	Contact
1. _____			
2. _____			
3. _____			

Contact person regarding Accounts Payable:

CREDIT AMOUNT REQUESTED: \_\_\_\_\_

CREDIT AGREEMENT:

Please read before signing:

In consideration of accepting this application, applicant may obtain merchandise and/or services subject to the following terms and conditions.

- 1) I understand, and agree, that I must pay for all purchases charged to my account as per terms shown on the invoice.
- 2) I understand, and agree, that the Service Charge as set out on invoices will be applied to all past due purchases calculated from the date on which they became past due. I understand, and agree, that this service charge may be revised from time to time,
- 3) I understand, and agree, that my charge account privileges may be cancelled at any time at the discretion of Hammond Air Conditioning Ltd.
- 4) I certify that the information contained herein is correct and I authorize and consent to the receipt and exchange of any credit information concerning the applicant for purposes of financial relations.
- 5) This application for credit terms will only be considered if completed and signed, by the owner, principal or authorized signing officer.

Applicant: \_\_\_\_\_ Accepted for Hammond Air Conditioning By:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositors for release of any information in regards to their account.

When you complete your credit application, please sign this authorization for your bank and return it to your bank and a copy to Hammond Air Conditioning.

Thank You

Date: \_\_\_\_\_

I give my permission for the release of information about my account as required.

Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_

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