



20130 Valley Forge Circle
King of Prussia, Pa 19406
610-783-1136
www.cooneycoil.com

CREDIT APPLICATION

Company Information

Legal Name: _____

Business Trade Name: _____

Tax ID# _____ DUNS _____

Tax Exempt: _____ Yes (attach a tax-exempt certificate) _____ No

Billing Address: _____

Tel: _____ Fax: _____

Shipping Address: _____

Ownership

Sole Proprietorship Limited Partnership General Partnership Corporation

Owner's name: _____

In business since: _____ Type of business: _____

Accounts Payable Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Please send invoices via: ___ Fax ___ Email ___ US Mail

Enter fax, email or mailing address: _____

Bank Reference

Account type: ___ Checking ___ Savings

Name: _____

Address: _____

Account number: _____ Phone: _____

Contact person: _____



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Principal Trade References

1. Name: _____ Contact: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

2. Name: _____ Contact: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

3. Name: _____ Contact: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

4. Name: _____ Contact: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

Cooney Coil payment terms is Net 30 days. Any customer whose account is more than 30 days past due will be placed on credit hold until the account is current.

By signing this credit application, the applicant certifies that the information contained herein is complete & accurate, and the person executing this agreement has authority to bind the customer and is authorized by the customer to enter into/agree to the terms & conditions located @ <https://cooneycoil.com/wp-content/uploads/2020/07/Terms-Conditions.pdf> .

Signature: _____ Date: _____

Print Name: _____ Title: _____

Send completed credit application to bezy@cooneycoil.com