

Sala & Associates, Inc. dba Sala Air Conditioning 4530 Mint Way, Dallas, TX 75236 TACLA 019484E

Phone: 214-742-7252 Fax: 214-749-8363

Full Legal Name of Applic	cant:	
Applicant's Trade Names:		
Type of Business:		
		Fax Number:
Email Address:		
If a Corp., Provide Tax ID	#	Number of years in Business
		lects sales/ use tax only for Texas)
Corporate Officers, Partne	rs or Principals	
Name:	Title:	S.S.#
Name:	Title:	S.S.#
Name:	Title:	S.S.#
Contact person regarding r	noney owed to Sala Air Cor	nditioning:
Bank Reference:		Account Number:
		Phone Number:
Trade References:		
Business Name:		Contact:
Phone Number:	Fax #	Contact:Acct. Number:
Business Name:		Contact:
Phone Number:	Fax #	Contact: Acct. Number:
Dusinasa Nama.		Contact
Dhona Number:	Eov #	Contact: Acct. Number:
rnone Number.		Acct. Number.
credit and authorized applit agrees to pay Sala & Association Association and set the rate of 1 ½% per month. The undersigned response of an inducement for Sala unconditionally guarantees and services sold by Sala & attorney's fees. The undersigned vertical foregoing Credit agreements.	& Associates, Inc. dba Sala cant's bank and creditors to ciates, Inc. upon receipt of the cryices sold Sala & Associate h. All dishonored checks will Guara epresents that the applicant is & Associates, Inc. granting as to Sala & Associates, Inc. granting & Associates, Inc. to Applicate warrants that he/she is authorized.	Air Conditioning, or its agents, to investigate Applicant's release credit information to Sala & Associates, Inc. Applicant he invoice, all sums invoiced to Applicant for goods, es, Inc. to Applicant. Any past due sums shall bear interest at all incur a returned check fee of \$25.00 per check. Inty Agreement is financially able to meet its credit obligation. In consideration credit to Applicant, the undersigned personally and prompt payment of all invoices for goods, equipment, materials ant, including all losses, interest, cost of collection and arized by the above Applicant to execute and enter into the ereof by his/her, in his/her individual capacity, agrees to the ment:
Date:	Signature:	
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Printed Name/Title:		