



An Employee-Owned Company

131 Adams Street  
Manchester, CT. 06042  
Phone (860)645-8838  
Fax (860)645-0226  
[www.actionairsystems.com](http://www.actionairsystems.com)

## New Service Customer Onboarding Requirements & Forms

### 1. Business Name & Address

- See Customer Information Form on page 2
  - **Bill To Info:** Legal bill-to name, address, phone number, email address
  - **Site Contact Info:** Address, Full Name, Title/Role, Phone Number, Email Address

### 2. Bill To Name & Address

- See Customer Information Form on page 2
  - **Contact Info:** Full Name, Title/Role, Phone Number, Email Address
  - **Accounts Receivable (AR) Contact Information**
  - **Site Contact Information**

### 3. Required Documents

- **W-9:** Must be provided. Email to Chandra Butler at [chandra@actionairsystems.com](mailto:chandra@actionairsystems.com) and Cc: [dispatch@actionairsystems.com](mailto:dispatch@actionairsystems.com)
- **Tax Exempt (Yes or No):** If Yes, provide Tax Exempt Certificate. Email to Chandra Butler (Controller) at [chandra@actionairsystems.com](mailto:chandra@actionairsystems.com) and Cc: [dispatch@actionairsystems.com](mailto:dispatch@actionairsystems.com)
- **Certificate of Insurance:**
  - Does Action Air need to provide a certificate of insurance? **Check one**( Yes or No)
  - If Yes, does it need to be site-specific and are there any special requirements? **Check one**( Yes or No)

*Please provide more details on Certificate of Insurance Requirements Below:*

## NEW CUSTOMER PAYMENT REQUIREMENTS

- All new customers must provide a credit card prior to scheduling any services. A Cold Call Hold of \$150 will be placed on the card until invoicing of the full amount for service. – See Credit Card Form on page 3
- All new customers must leave a credit card on file for a period of 1 year.
- All new customers must pay upon completion of services rendered for the first 90 days, beginning from the first date of service.

### 4. Are you the building owner or tenant? (Yes or No)

- If tenant, see info required below
  - **Building Owner:** Full contact information, see Q1 above
  - **Service Management Responsibility:** Who is responsible for managing the services requested?
  - **Payment Responsibility:** Who is responsible for remitting payment for services rendered?

### 5. Is there a property manager for this location? (Yes or No)

- If Yes, see info required below
  - **Property Management Contact:** Full contact information, see Q1 above
  - **Service Management Responsibility:** Who is responsible for managing the services requested?
  - **Payment Responsibility:** Who is responsible for remitting payment for services rendered?
  - **Access Responsibility:** Who is responsible for providing access to areas needed for services?

*If you have any additional notes or comments about your business, please feel free to share them below:*



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## **Customer Information Form**

**Customer Name:**

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**Address where work is to be performed:**

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**Contact person at the above address:**

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**Contact phone number:**

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**Billing address and billing contact person:**

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**Property Management Contact Information:**

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## CREDIT CARD CHARGES

CUSTOMER #: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

CUSTOMER CITY/ZIP: \_\_\_\_\_

CUSTOMER PHONE #: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

CARD HOLDER ADDRESS: \_\_\_\_\_

CARD HOLDER CITY/ZIP: \_\_\_\_\_

CARD HOLDER PHONE #: \_\_\_\_\_

CARD TYPE: \_\_\_\_\_

CARD #: \_\_\_\_\_

SECURITY #: \_\_\_\_\_

EXPERATION DATE: \_\_\_\_\_

INVOICE # & AMOUNT: \_\_\_\_\_



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Please Remit Completed Form To:  
**controller@actionairsystems.com**  
Credit Application – Commercial

Name of Firm/Individual \_\_\_\_\_ Year Business Established \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Principal(s) \_\_\_\_\_ F.I.D \_\_\_\_\_

Corporation  Partnership  Individual

Corporate Officers:

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary-Treasurer

\_\_\_\_\_  
Vice President

Have you ever filed bankruptcy? If yes, name of company and year \_\_\_\_\_

Trade Reference	Address	Phone	Fax	Contact name

\_\_\_\_\_  
Name of Your Bank \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Bank Phone No. \_\_\_\_\_ Contact \_\_\_\_\_

**COMMERCIAL CREDIT APPLICATIONS MUST BE SIGNED  
BY AN AUTHORIZED OFFICER OF THE COMPANY**

By signing below, I certify that I am an authorized office of the company with the authority to enter into contractual agreements. I am obliging the company to pay the full amount for all purchases of goods and services from Action Air Systems, Inc., within 30 days from the invoice date. I/We also agree to pay a service charge on returned checks, and to pay collection fees, attorney fees, and court costs that may be required in the course of collecting amounts due Action Air Systems, Inc., from the company. I/We hereby authorize Action Air Systems, Inc., to check my credit and to answer questions about Action Air Systems, Inc., credit experience with the company.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Applicant's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_