



TRADE CREDIT APPLICATION

Return to: 6655 ROXBURGH DR SUITE 100 HOUSTON, TX 77041 PHONE: 713-849-5865 FAX: 713-849-5897

Please Indicate Type of Business:

Proprietorship [] Partnership [] LP [] Corporation [] LLC []

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

Legal and Full Company Name ("Customer") _____

Mailing Address _____

City, County _____ State, Zip _____

Physical Address _____

City, County _____ State, Zip _____

Business Phone Number (____) _____ Business Fax Number (____) _____

Cell Phone Number (____) _____

IF CORPORATION, LIST NAME OF OFFICERS

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

IF PROPRIETORSHIP OR PARTNERSHIP, LIST INFORMATION BELOW

Ms. First Name Middle Name Last Name Date of Birth (Mo/Day/Year) Drivers License No./State Social Security No. Mrs. Mr. _____

Home Address _____

Street City State Zip Code

Home Telephone _____

Ms. First Name Middle Name Last Name Date of Birth (Mo/Day/Year) Drivers License No./State Social Security No. Mrs. Mr. _____

Home Address _____

Street City State Zip Code

Home Telephone _____

IF MORE THAN TWO PARTNERS, PLEASE LIST WITH REQUESTED INFORMATION ON SEPARATE SHEET AND ATTACH TO APPLICATION. LIMITED PARTNERSHIPS PLEASE LIST GENERAL PARTNER.



JACKSON SUPPLY COMPANY ("COMPANY")

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Banking Information

Name of Bank _____ Checking Acct # _____ Bank Line of Credit

Address _____ \$ _____

City _____ State _____ Savings Acct # _____

Zip _____ Phone (____) _____ Bank Officer

Name of Authorized Check Signer _____ Date of Birth _____

Drivers License No _____ Social Security No _____

Name of Bank _____ Checking Acct # _____ Bank Line of Credit

Address _____ \$ _____

City _____ State _____ Savings Acct # _____

Zip _____ Phone (____) _____ Bank Officer

Name of Authorized Check Signer _____ Date of Birth _____

Drivers License No _____ Social Security No _____

Date Business was started _____

What is the anticipated amount of your monthly requirements from us? \$ _____

Are you sales tax exempt? Yes or No If Yes, Please attach copy of Sales Tax Certificate. (Circle One)

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ If Yes, year filed _____ Corporate _____ Personal _____

Are Purchase Orders required? Yes or No Are Job Names required? Yes or No (Circle One) (Circle One)

Statements: Mail Fax Email Invoices: Mail Fax Email (Circle One) (Circle One)

Fax Number _____ Email Address _____

Separate at Perforation to Pay all 4 Pages



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COMMERCIAL TRADE REFERENCES

PLEASE INCLUDE ALL PREVIOUS AND CURRENT SUPPLIERS OF HVAC SUPPLIES AND EQUIPMENT

| TRADE REFERENCES (Name, Address, Phone and Fax Numbers) | ACCT. NUMBER/ CONTACT |
|---|-----------------------|
| SUPPLIER | |
| ADDRESS | |
| CITY STATE ZIP | |
| PHONE () FAX () | |
| SUPPLIER | |
| ADDRESS | |
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TRADE CREDIT APPLICATION

This application for credit for wholesale heating, air conditioning and HVAC supplies is for business or professional purposes only, and not for personal, family or household.

Customer agrees that the company may contact the foregoing references and further that the Company may solicit or communicate to others credit information regarding Customer. Further, Company may contact Consumer Reporting Services and/or bureaus regarding the credit history of the Principals and/or Signers for the Customer. As Signer for the Customer, I authorize Jackson Supply Company to verify credit history and obtain credit reports regarding this application.

The foregoing information is true, accurate, and complete. Customer understands that the foregoing information is material and will be relied on in determining whether to extend credit to Customer. The following Terms of Sale are agreed to and accepted:

- (1) **Statements and/or Invoices are due and payable in Houston, Harris County, Texas, by the 10th day of the month next following the statement date, and become delinquent on the 25th day of the month next following the statement date, and**
- (2) **if applicable, a discount of one percent (1%) will be allowed on accounts paid in full and postmarked by the 10th day of the month next following the statement date, and**
- (3) **Interest on Customer's account, when delinquent, will be charged at the lesser of the following: (a) the maximum legal nonusurious rate; or (b) 1 1/2 per cent per month. Any interest in excess of the foregoing shall be considered an accidental and bona fide error with all excess interest to be refunded to Customer or applied to Customer's account on notification from Customer.**
- (4) **Should legal proceedings be necessary to collect Customer's indebtedness to the Company, Customer agrees to pay, as they accrue all of the cost of such legal proceedings, including reasonable and necessary attorney's fees.**

A facsimile copy of this credit application, and the signatures hereon, may be accepted by Company as an original application with original signatures.

All inquiries regarding the terms of this agreement or the interest charged should be in writing and addressed to the Company's Credit Manager.

Signature Printed Name Title Date

CONTINUING GUARANTY

In consideration for the extension of credit by the Company to Customer, I, _____ personally guarantee prompt payment of all past, present or future indebtedness of Customer to the Company. Should legal proceedings be necessary to collect Customer's indebtedness to the Company, I agree to pay, as they accrue, all the costs of such legal proceeding, including attorney's fees. The guarantor agrees that the Company may review his/her personal credit history, and authorizes Jackson Supply Company to verify credit history and obtain credit reports regarding this application. Company conducting business with the Customer is subject to credit approval.

A facsimile copy of this continuing guaranty, and the signatures hereon, may be accepted by Company as the original guaranty with original signatures. Date _____

Signature Printed Name Social Security No.

WITNESS NAME WITNESS NAME

WITNESS ADDRESS WITNESS ADDRESS

Notice: "The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Ave, NW, Washington, DC, 20580".