



565 Marriott Dr
Suite 150
Nashville, TN 37214

CONFIDENTIAL APPLICATION FOR CREDIT ACCOUNT

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

When did Business Start? \_\_\_\_\_ Do you use Purchase Orders? Yes [ ] No [ ]

How do you prefer to receive your Invoices and Statements? [ ] E-mail: \_\_\_\_\_

[ ] FAX: \_\_\_\_\_

Type of Business: Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Other \_\_\_\_\_%=100%

New Construction \_\_\_\_\_% Existing \_\_\_\_\_% Service \_\_\_\_\_%=100%

Is your Business: Single Proprietorship [ ] Partnership [ ] Corporation [ ] LLC [ ] (State of: \_\_\_\_\_)

Federal Tax ID Number: \_\_\_\_\_ State Tax ID Number: \_\_\_\_\_

State HVAC License Number: \_\_\_\_\_ State: \_\_\_\_\_

OWNER(S)/OFFICERS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Is this person active in the Business? Yes [ ] No [ ]

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Is this person active in the Business? Yes [ ] No [ ]

Have any of the above ever been involved in a bankruptcy? Yes [ ] No [ ] If "Yes",

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Status: \_\_\_\_\_

CONFIDENTIAL APPLICATION FOR CREDIT ACCOUNT (CONT)

**If company is less than three (3) years old, complete the following for each officer.**

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Banking References:**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bank: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Line of Credit? \_\_\_\_\_ How long have you had an account at this bank? \_\_\_\_\_

Type(s) of Account:    Checking:     Savings:     Loans:     Other:     Name: \_\_\_\_\_

List any other bank with which you do business: \_\_\_\_\_

**APPLICATION FOR ACCOUNT IS HEREBY MADE AND THE FOLLOWING REFERENCES GIVEN. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND USED ONLY BY OUR CREDIT DEPARTMENT.**

**Please list three (3) trade suppliers where you have an active account.**

Supplier Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**TERMS and CONDITIONS OF SALE**

ALL PURCHASES ARE DUE WITHIN 30 DAYS FOLLOWING THE INVOICE DATE. A SERVICE CHARGE OF 1-1/2% MONTHLY WILL BE ADDED TO ALL DELINQUENT INVOICES ON THE 26<sup>TH</sup> OF EACH MONTH.

TITLE TO ITEMS IS RETAINED BY TEAM AIR DISTRIBUTING, INC. UNTIL INVOICE IS PAID IN FULL.

ORIGINAL INVOICE NUMBER MUST ACCOMPANY RETURN AND WARRANTY ITEMS. ALL RETURNS ARE SUBJECT TO 15% RESTOCKING CHARGES. ALL GUARANTEES AND WARRANTIES ARE INCLUDED IN THE COMPANY'S AND MANUFACTURER'S WRITTEN WARRANTY POLICY. THERE ARE NO OTHER GUARANTEES/WARRANTIES EXPRESSED OR IMPLIED.

THE PURCHASER WILL PAY ALL COLLECTION EXPENSES, ATTORNEY FEES, COURT COSTS AND OTHER EXPENSES ARISING OUT OF COLLECTION.

TEAM AIR DISTRIBUTING, INC. IS NOT RESPONSIBLE FOR DAMAGES/LOSS OF REAL OR PERSONAL PROPERTY, OR INJURY OR LOSS OF LIFE RESULTING FROM USE, APPLICATION, SIZING, INSTALLATION, MAINTENANCE, SERVICE, OR LACK OF THE ABOVE PERTAINING TO THIS EQUIPMENT.

IN ORDER TO OBTAIN CREDIT FROM TEAM AIR DISTRIBUTING, INC. THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE STATEMENTS MADE AND INFORMATION CONTAINED HEREIN, AND THE FINANCIAL STATEMENT, IF ANY IS SUBMITTED HERewith, ARE COMPLETE, CORRECT, AND TRUE, WITH THE INTENT THAT STRICT RELIANCE BE PLACED THEREON AS THE BASIS FOR THE EXTENSION AND CONTINUATION OF CREDIT TO THE UNDERSIGNED.

THE INFORMATION IN THE FINANCIAL STATEMENT DISCLOSES THE TRUE STATE OF THE UNDERSIGNED'S FINANCIAL CONDITION. THERE HAS BEEN NO MATERIAL ADVERSE CHANGE IN FINANCIAL CONDITION, AND IF ANY ADVERSE CHANGE OCCURS, OR IF A CHANGE IN BUSINESS ORGANIZATION, PRINCIPALS OR OFFICERS TAKES PLACE, NOTICE THEREOF WILL BE GIVEN BY CERTIFIED MAIL. UNTIL NOTICE IS RECEIVED, THE FINANCIAL STATEMENT IS TO BE REGARDED AS A CONTINUING STATEMENT, AND A NEW AND ORIGINAL STATEMENT APPLICABLE TO EACH AND EVERY CREDIT TRANSACTION.

THE UNDERSIGNED AGREES THAT IN THE EVENT LEGAL ACTION IS INSTITUTED TO ENFORCE PAYMENT OF ANY MONEY DUE TEAM AIR DISTRIBUTING, INC. THE UNDERSIGNED SHALL BE LIABLE FOR ALL ATTORNEY FEES, COSTS AND EXPENSES OF COLLECTION, AS WELL AS INTEREST AT THE MAXIMUM LEGAL RATE FROM THE DATE THE ORIGINAL AMOUNT WAS DUE. THE UNDERSIGNED FURTHER AGREES THAT NOTWITHSTANDING THE FACT THIS CREDIT APPLICATION AND REPRESENTATIONS HAVE BEEN EXECUTED IN A CORPORATE AND REPRESENTATIVE CAPACITY, EACH SIGNER HEREOF BY SUCH SIGNATURE, HEREBY ARE PERSONALLY AND INDIVIDUALLY RESPONSIBLE FOR PAYMENT TO TEAM AIR DISTRIBUTING, INC. OF ALL AMOUNTS DUE PURSUANT TO SUCH EXTENSION OF CREDIT. ACCORDING TO INVOICE AMOUNT AND CREDIT TERMS STATED THEREON INCLUDING AN AGREEMENT TO A TIME, PRICE CHARGE OF ONE AND ONE HALF PERCENT PER MONTH ON ALL ACCOUNTS OVER THIRTY (30) DAYS PAST DUE. THE UNDERSIGNED FURTHER REPRESENTS THERE ARE NO UNPAID JUDGMENTS, OR OPEN ACCOUNTS MORE THAN NINETY (90) DAYS PAST DUE OUTSTANDING AGAINST THE UNDERSIGNED. IN THE EVENT OF ANY DISPUTE, YOU AGREE THAT JURISDICTION AND VENUE ARE PROPER IN DAVIDSON COUNTY, TENNESSEE. THE UNDERSIGNED CERTIFIES THEY ARE AUTHORIZED TO JOIN INTO A TRADE ACCOUNT WITH TEAM AIR DISTRIBUTING, INC. FOR AND IN THE NAME OF THEIR ORGANIZATION.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

TM: \_\_\_\_\_

CC: \_\_\_\_\_

DPL: \_\_\_\_\_