



JOHNSTONE SUPPLY

Attached is an application for open credit with our company.

- Our terms are Net 30 Days from invoice date.
- Invoices are provided at point of sale, fax or email. We do not mail invoices. Please indicate on your credit application which method of invoice billing you prefer.
- For your protection, we **MUST** have at least one authorized buyer on your account. Please list these on the application where indicated.
- To prevent being charged sales tax, please return your tax exempt certificate with your application.
- If you purchase refrigerant and equipment, we must have a copy of your EPA Certification Card and the enclosed compliance statement completed.

Please send your remittance to this address:

**Controls Center, Inc.
Johnstone Supply
PO Box 145741
Cincinnati OH 45271-0741**

If you have any questions, or if we can be of further service to you, please call us at (513) 672-1740. **We look forward to exceeding your expectations!**

Sincerely,

Dave Chadwell
Credit Department



JOHNSTONE SUPPLY

www.johnstonesupply.com

APPLICATION FOR OPEN CREDIT ACCOUNT

Send Application to:

Johnstone Supply
1640 East Kemper Road
Cincinnati, OH 45246
Fax: 513-772-4355

Business Name _____

Billing Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ Email _____

Shipping Address (if different than Billing Address) _____

City _____ State _____ Zip _____ County _____

Business Classification: Incorporation Partnership Proprietorship Government LLC LLP

Date Established _____ Federal ID# _____ No. of employees _____

If incorporated: Date of Incorporation _____ State of Incorporation _____

PRINCIPAL OWNERS, OFFICERS AND PARTNERS (Attach separate sheet if necessary.)

Name _____ Title _____ Phone# _____

Address _____ City _____ State _____ Zip _____ Social Security # _____

Name _____ Title _____ Phone# _____

Address _____ City _____ State _____ Zip _____ Social Security # _____

BANK REFERENCES

SAVINGS Name _____ Acct# _____ Phone _____

CHECKING Address _____ City/State _____ Zip _____

LOAN _____

SAVINGS Name _____ Acct# _____ Phone _____

CHECKING Address _____ City/State _____ Zip _____

LOAN _____

COMMERCIAL TRADE REFERENCES:

Give ONLY names of those you buy from on OPEN ACCOUNT. References WILL NOT be considered valid unless FULL NAMES and ADDRESSES are included. Please list a minimum of three.

Name	Address	City	State	Zip	Phone	Fax	Acct#
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____

Sales Tax Exemption # _____

PLEASE ATTACH PROPER STATE SALES TAX EXEMPTION CERTIFICATE

Authorized Buyers _____

Amount of Credit Desired Monthly \$ _____

Purchase Order required? YES NO

Statement required? FAX E-MAIL

Johnstone Supply provides an original invoice at point of sale.

Do you require a duplicate invoice? FAX E-MAIL

We herein make application to Johnstone Supply for credit and/or to update and reconfirm our existing account and balance with Johnstone Supply. Johnstone Supply is authorized to contact any references or banks listed above and pull credit reports. If credit is granted, I (we) agree to pay for all goods purchased in accordance with Johnstone Supply's standard terms of net 30 days. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in the state and county of Johnstone Supply's choice. Applicant specifically understands that they are waiving their right in choice of venue. Applicant agrees to pay interest and service charges at the highest rate permitted by law. Applicant(s) give their permission to Johnstone Supply and/or its agents to verify and/or supplement the information listed hereon.

Dated _____ Principal Owner/ Officer/Partner _____ Title _____

Please Complete Business Classification and/ or Individual Personal Guarantee on reverse side.

FOR JOHNSTONE USE ONLY

APPROVED REFUSED ACCOUNT # _____ CREDIT LIMIT _____ D&B _____

Business Classification

In order to better serve you and in order to process your request, we require that all of these fields be filled out.

PRIMARY Business Segment (Please Select One)

- Residential (RES)
- Light Commercial (LCO)
- Refrigeration (REF)
- Facilities (FAC)
- Education (EDU)
- Government (GOV)
- Mechanical (MEC)
- Plumbing (PLU)
- Other (OTH)

SECONDARY Business Segment (Please Select One)

- Residential (RES)
- Light Commercial (LCO)
- Refrigeration (REF)
- Facilities (FAC)
- Education (EDU)
- Government (GOV)
- Mechanical (MEC)
- Plumbing (PLU)
- Other (OTH)

Size

- 1 Truck/Technician (SM)
- 2 to 5 Trucks/Techs (MD)
- 6 to 9 Trucks/Techs (LG)
- 10 to 24 Trucks/Techs (XL)
- 25+ Trucks/Techs (XX)

Type

- Install, Repair, and/or Maintenance (IRM)
- New Construction (NCO)
- Unknown (ZZZ)

INDIVIDUAL PERSONAL GUARANTEE

I, _____ SS# _____, residing at _____

For and in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company"), of which I

am _____, hereby personally guarantee to you the payment at **JOHNSTONE SUPPLY** in the State of **OHIO** of any obligation of the Company or its

TITLE

successor and I hereby agree to bind myself to pay you on demand any sum, which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

SIGNATURE _____ DATE _____



EPA CERTIFICATION COMPLIANCE STATEMENT

COMPANY NAME:
ACCOUNT:
ADDRESS:
CITY, STATE & ZIP:
PHONE NO.:
FAX NO.:

Following are the names and certificate data for our employees who possess a valid EPA Refrigerant Certificate

Name	Certificate #	Certification Type

Following are those persons authorized to pick up refrigerant, representing one or more of the certified technicians above.

1. _____ 2. _____
 3. _____ 4. _____

Attached is a copy of each technician's certification card. The above information is accurate as of _____ (date). Any change in the status of the above named certificate holders and additions or deletions to the list are the responsibility of the signatory of this document.

X	X
Please print or type authorized name	Authorized signature
X	
Title	