

Phone (800)487-4311

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**JOHNSTONE
SUPPLY**

Dayton & Toledo
www.johnstonesupply.com

Application For Open Credit

Fax or Mail Application to: Johnstone Supply PO Box 1382 Dayton OH 45401

Credit Approved <input type="checkbox"/>	Credit Denied <input type="checkbox"/>	Account # _____
D&B _____		Credit Limit _____
** For Johnstone Use Only **		

Business Name _____	Date Established _____
Street Address _____	Phone () _____ Fax () _____
PO Box # _____	PO Box Zip _____
City _____	State _____ Zip _____
Type Of Business _____	Contractor License # _____ # of Employees _____
Web Address _____	
Email Address _____	

Ownership - Check One Below

Incorporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Date Established _____
Partnership <input type="checkbox"/>	LLP <input type="checkbox"/>	If Incorporated Date of Inc. _____
Proprietorship <input type="checkbox"/>	Government <input type="checkbox"/>	State of Inc. _____ Federal ID # _____

Principal Owners, Officers & Partners (Attach Separate Sheet If Necessary)

Name _____	Title _____	Social Security # _____
Street Address _____	City _____ State _____	Zip _____ Phone# _____
Name _____	Title _____	Social Security # _____
Street Address _____	City _____ State _____	Zip _____ Phone# _____

If Bills are Paid By Parent Company Fill In Below

Parent Company _____	Phone # _____	Fax # _____
Street Address _____	City _____	State _____ Zip _____

Bank References

Savings <input type="checkbox"/>	Name _____	Account # _____	Branch _____
Checking <input type="checkbox"/>			
Loan <input type="checkbox"/>	Address _____	City _____	State _____ Zip _____
Savings <input type="checkbox"/>	Name _____	Account # _____	Branch _____
Checking <input type="checkbox"/>			
Loan <input type="checkbox"/>	Address _____	City _____	State _____ Zip _____

Trade References

Name	Address	City State & Zip	Phone	Fax	Account#
1					
2					
3					
4					

Amount of Credit Desired \$ _____ Sales Tax Exemption # _____

Purchase Order Required	Authorized Buyers _____
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	

Billing Instructions _____ Statement Required Yes ___ No ___

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, including consumer reports, of which the undersigned acknowledges his or her credit history may be a necessary factor in the credit evaluation process. If credit is granted, I (we) agree to pay for all goods and services purchased within 30 days of the date of invoice. 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 action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in state and county of Johnstone Supply's choice. Applicant specifically understands that they are waving 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 _____

CERTIFICATES & LICENSES

In order to purchase HVACR parts & equipment you must be EPA certified AND carry liability insurance

- 1. REFRIGERATION CERTIFICATION # _____ (MUST ATTACH A COPY OF EPA CARD)
- 2. LIABILITY INSURANCE - Minimum \$500,000 (REQUIRED to purchase HVACR heating equipment & parts)
 INSURANCE CO. NAME _____ POLICY# _____ PHONE# _____
 (MUST ATTACH COPY) JOHNSTONE SUPPLY should be named additionally insured
- 3. STATE LICENSE # _____ AS REQUIRED BY LAW

Multi-Jurisdiction Sales Tax Exemption Certificate

Issued to (seller) Johnstone Supply			
I certify That	Name of Firm (Buyer)	is engaged as a registered	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Lessor <input type="checkbox"/> Other
	Street Address or PO Box#		
	City State Zip		

is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, leasing or renting.

Product or Services Rendered			
State	State Id #	City or State	State Registration or ID #
City or State	State Registration or ID #	City or State	State Registration or ID #
City or State	State Registration or ID #	City or State	State Registration or ID #

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state

General Description of Products to be Purchased from the Seller:

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (Owner, Partner, or Corporate Officer)

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 (title) _____, hereby personally guarantee to you the payment at _____ in the state of _____ of any obligation of the company or its 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 guarantee shall be a continuing and irrevocable guarantee 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. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, for use in the credit evaluation process.

Witness _____

Address _____

Signature _____ Date _____