



Application for Open Credit Account

JohnstoneSupply.com

WANT TO OPEN AN ONLINE ACCOUNT? YES NO

Nearest Johnstone Store _____

Business Name _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Email Address _____ Phone () _____ Fax () _____

Type of Business _____ Contractor License # _____ No. of Employees _____

Date Business Established ___/___/___ If Incorporated, Date of Inc. ___/___/___ State of Incorporation _____ Fed ID# _____

PRIMARY AREA OF FOCUS (CHECK ONE) Residential Residential New Construction Commercial Refrigeration Facilities Maint. Other

NUMBER OF SERVICE VEHICLES (TRUCKS) IN YOUR COMPANY 1 2-5 6-9 10-24 25+

BUSINESS CLASSIFICATION Incorporation Partnership LLC LLP Proprietorship Government

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

Owner #1: Name _____ Title _____ Phone # _____ Driver's License # _____

Home Address (No PO Box) _____ City _____ State _____ Zip _____ Social Security # _____

Owner #2: Name _____ Title _____ Phone # _____ Driver's License # _____

Home Address (No PO Box) _____ City _____ State _____ Zip _____ Social Security # _____

BANK REFERENCES

SAVINGS CHECKING LOAN Name _____ Account # _____ Address _____ City _____ State _____ Zip _____

SAVINGS CHECKING LOAN Name _____ Account # _____ Address _____ City _____ State _____ Zip _____

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 (3.)

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

Amount of credit desired monthly \$ _____
 Purchase Order Required? YES NO
 Statement Required? FAX EMAIL
 Pay Sales Tax? YES NO

Sales Tax Exemption # _____
(If no sales tax, Exemption Certificate must be attached)

Authorized Buyers: _____

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 by the 10th of the month following 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 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. I understand that by providing the information above and signing this form, I am consenting to receive communications sent via facsimile and e-mail by, or on behalf of, Johnstone Supply.

Dated _____ Principal Owner/ Officer/Partner _____ Title _____
SIGNATURE

Complete Sales Tax Exemption Certificate and/or Individual Personal Guarantee on reverse side, if applicable.

FOR JOHNSTONE USE ONLY

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

MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE

ISSUED TO (SELLER) JOHNSTONE SUPPLY	ADDRESS	CITY	STATE	ZIP CODE
---	---------	------	-------	----------

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 CODE	

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, manufacturing, 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 canceled 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)	Title	Date
--	-------	------

EMPLOYEE REFRIGERANT HANDLING CERTIFICATE

Must submit copy of certificate. For additional employees, add a separate sheet of paper.

Certificate # _____ Employee Name _____
 Certificate # _____ Employee Name _____

INDIVIDUAL PERSONAL GUARANTEE

Must be completed by shareholders or owners with 10% or more interest

Guarantor #1 _____ Date _____ 20 _____

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 _____

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 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.

Guarantor (Print Name) _____ Guarantor Signature _____

Witness (Print Name) _____ Witness Signature _____

Guarantor #2 _____ Date _____ 20 _____

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 _____

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 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.

Guarantor (Print Name) _____ Guarantor Signature _____

Witness (Print Name) _____ Witness Signature _____