



Anaheim | 518 E. Ball Rd | 714-533-8413  
 Laguna Hills | 23211 Del Lago Dr | 949-951-4822  
 Long Beach | 2810 Temple Ave | 562-595-4822  
 Santa Ana | 520 E. Dyer Rd | 714-556-4822  
 www.JohnstoneOC.com | 800-494-4822

## ACCOUNT UPDATE FORM

<u>Company Name</u>	<u>Mailing &amp; Billing Address</u>	<u>City, State &amp; Zip</u>	Taxable? <input type="checkbox"/> Yes
<u>Company Phone #</u>	<u>Company Fax #</u>	<u>Mobile #</u>	<input type="checkbox"/> No: _____
<u>Contractor License #</u>	<u>Accounts Payable Contact</u>	<u>Phone # / Extension</u>	<u>Resale #</u>
<u>Company Focus Area (CHOOSE ONE ONLY):</u>		<u>Technicians and Installers on Staff? (Check One):</u>	
<input type="checkbox"/> Trade Company (HVAC, Refrigeration, Plumbing, or Mechanical)		<input type="checkbox"/> 25 or more <input type="checkbox"/> NONE	
<input type="checkbox"/> Commercial (Office, Retail Store, Hotel, etc)		<input type="checkbox"/> 10 to 24	
<input type="checkbox"/> Education Facility (School District, College, University)		<input type="checkbox"/> 6 to 9	
<input type="checkbox"/> Government Facility		<input type="checkbox"/> 2 to 5	
<input type="checkbox"/> Other (Explain): _____		<input type="checkbox"/> 1	

As a courtesy we send your invoice to the accounting office, how would you like to receive your invoices and monthly statements?

Email (please provide email address) \_\_\_\_\_

**OR**

Fax (please provide fax number) \_\_\_\_\_

*Invoices will be faxed or emailed  
nightly.*

## SHIPPING INFORMATION

<u>Company Name</u>	<u>Street Address</u>	<u>City, State &amp; Zip</u>
<u>Name / Department for Shipment</u>	<u>Phone # / Extension</u>	<u>Email Address</u>

## AUTHORIZED BUYERS

PO number required?    Yes    No      # of Technicians with EPA Certificates \_\_\_\_\_  
(Separate Form REQUIRED)

Please indicate if names are to REPLACE \_\_\_\_\_ or ADDED \_\_\_\_\_ to current list of authorized buyers.

\_\_\_\_\_

\_\_\_\_\_

We agree to pay for all goods purchased within terms. Johnstone Supply is authorized to contact any references or banks and any information obtained will be used solely for granting credit. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to 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 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 herein. I understand that by providing the information above and signing this form, I am consenting to receive communications sent via facsimile and email by, or on behalf of, Johnstone Supply. By providing my signature below, I authorize Pritchard Supply to obtain a consumer credit report to release relevant credit information. I hereby authorize all corporations, credit agencies and persons to release all information they may have about me and my accounts. This authorization shall be valid in original or copy form.

<u>Signature of Company Officer</u>	<u>Printed Name / Title</u>	<u>Date</u>
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