



### Credit Application

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of as printed on the reverse side.

Company name \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Contact person \_\_\_\_\_ Accounts payable name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Federal tax ID or Social Security number. \_\_\_\_\_

Date business established \_\_\_\_\_ Number of employees \_\_\_\_\_

Primary type of business \_\_\_\_\_ Heating & Cooling \_\_\_\_\_ Refrigeration \_\_\_\_\_ Other \_\_\_\_\_

Amount of credit requested \$ \_\_\_\_\_

E-Mail \_\_\_\_\_ Receive invoices/statements by E-mail or Fax or Mail

Are you a: \_\_\_\_\_ (circle one choice)

CORPORATION

State of incorporation \_\_\_\_\_

Names and titles of the chief corporate officers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARTNERSHIP

Names and addresses of the partners

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP

Are you sales tax exempt?  Yes  No

If yes, do you need a Sales Tax Exempt Form?  Yes  No

If tax exempt, Dennis Supply is required by law to have a Sales Tax Exemption Certificate on file.

Purchase order required?  Yes  No

Have you completed an EPA Approved  Yes  No

Refrigerant Certification Program?

If yes, please furnish Dennis Supply with a copy of each technicians EPA certification card.

**TRADE REFERENCES**

**Reference #1**      **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Reference #2**      **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Reference #3**      **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**BANK REFERENCE**

**Bank**      **Account #** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Contact person** \_\_\_\_\_  
**Name of bank** \_\_\_\_\_  
**Address** \_\_\_\_\_

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

**Authorized signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS**

1. **Statements are sent on the first business day of each month.**
2. **All invoices become payable in full on the 25th day of the month and if not paid by the end of the month are considered past due.**
3. **A service charge of 1.5% per month will be added to all amounts billed if not paid by the end of the month.**
4. **No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.**