



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 (up to 4) AND/OR Fax**
 (circle one or both options)

Are you a:

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 Refrigerant Certification Program? **Yes** **No**

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.**