



WHOLESALE DISTRIBUTOR ~ HEATING AND AIR CONDITIONING EQUIPMENT & SUPPLIES
82 Kennedy Drive, Forest Park, Georgia 30297-2536 404-361-6800 (F) 404-361-8421

NOTE: Credit applications can be faxed, but guarantees must be on the original forms. For convenience, a Notary is available at our Forest Park, GA location.

APPLICATION

INDIVIDUALS AND PARTNERSHIPS:

- ✓ For company name, list individual's name d/b/a company name. (If partnership, list all partner's names, then d/b/a company name.)
- ✓ State warm air license needs to be in the owner's or one of the partner's names. If not, the license holder must complete and sign the authorization letter on page 2 of the credit application.
- ✓ Make sure the application is dated, signed and titled correctly.

CORPORATIONS AND LLC:

- ✓ On application and guaranty, the corporate name must be listed EXACTLY the same as is listed with the Secretary of State's office.
- ✓ Applications must be completed and not substituted with credit information summary sheets.
- ✓ State warm air license needs to be in the one of the principal's name. If not, the license hold must complete and sign the authorization letter on page 2 of the credit application.
- ✓ Make sure the application is dated, signed and titled correctly.

GUARANTY

Guarantees are optional. However, provided credit is approved, the account will be restricted to a very low credit limit if a guaranty is not provided.

INDIVIDUALS AND PARTNERSHIPS:

- ✓ A personal guaranty must be signed by the wife (wives on partnerships). Anyone besides a spouse must list personal information on back of guaranty consisting of address and phone number.
- ✓ The company name on the guaranty should match the company name on the application.
- ✓ All guarantees must be notarized.

CORPORATIONS AND LLC:

- ✓ The officers of the corporation must sign a personal guaranty. (Signatures only – no titles)
- ✓ The company name on the guaranty should match the company name on the application.
- ✓ All guarantees must be notarized.



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Application for Credit

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Company Name: _____

Mailing Address:		Shipping Address	
City, State, Zip		City, State, Zip	
Office Number	()	Fax Number	()
Mobile Number	()	Nextel Number	()

Type of Business: () Individual () Partnership () Corporation () LLC

Tax Payer's ID. No. _____

I HEREBY APPLY FOR CREDIT IN AN AMOUNT TO BE DETERMINED AND SUBJECT TO REVIEW. I UNDERSTAND THAT CREDIT WILL BE EXTENDED IN RELIANCE UPON THE INFORMATION CONTAINED IN THIS APPLICATION PLUS ANY OTHER OUTSIDE SOURCES OF CREDIT INFORMATION INCLUDING PERSONAL RETAIL CREDIT HISTORY.

The following personal information is needed on each partner or principal of the company:

Name:	Social Security Number - -
Address:	Phone Number ()
City, State, Zip:	
Length at above address: _____(Years)	Own () or Rent ()
Marital Status:	Spouse's Full Name:
Length of time in this type work: _____(Years)	Length of time in business: _____(Years)

Name:	Social Security Number - -
Address:	Phone Number ()
City, State, Zip:	
Length at above address: _____(Years)	Own () or Rent ()
Marital Status:	Spouse's Full Name:
Length of time in this type work: _____(Years)	Length of time in business: _____(Years)



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Application for Credit Continued for _____(Customer Name)
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Name:	Social Security Number - -
Address:	Phone Number ()
City, State, Zip:	
Length at above address: _____(Years)	Own () or Rent ()
Marital Status:	Spouse's Full Name:
Length of time in this type work: _____(Years)	Length of time in business: _____(Years)

High credit desired: _____

Conditioned Air License # _____

Name of License Holder _____

Please complete if the license holder is not an owner of the company:

I, _____, State of _____ Conditioned Air Contractor, License # _____, am a full time employee of this account (in accordance with state law), and authorize the use of my license to qualify the above named company to engage in the repair, service, and/or installation of heating and air conditioning systems. Also in accordance with state law, I certify that this is the only company that my license is being used to qualify. I will notify you in writing of any changes.

Signature of License Holder: _____

Date: _____

Trade References & Bank Information:

	Phone # ()	Acct #:
	Phone # ()	Acct #:
	Phone # ()	Acct #:
Bank Name:	Phone # ()	Acct #:

If my business is changed in any way from its present form, such as by incorporation, I will immediately notify Dealers Supply Co., Inc. in writing. I understand that credit will not be granted on this application to any future corporation formed by me, but that the undersigned and not any future firm or corporation will be liable for payment.

All accounts not paid within our terms shall bear interest at the rate of 1.50% per month, plus all costs of collection, including 15% as attorney's fees if collected by law or through an attorney at law. This agreement is governed by the laws of the State of Georgia. I agree that the state and federal courts in the State of Georgia shall have jurisdiction and venue over any lawsuit filed by creditor to enforce this application.

 Signature

 Title

 Signature

 Title

 Signature

 Title



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THIRD PARTY GUARANTY

STATE OF _____

COUNTY OF _____

FOR AND IN CONSIDERATION OF the sum of Ten Dollars (\$10.00) in hand paid to the Undersigned, the receipt and sufficiency of which are conclusively acknowledged by the Undersigned, and in consideration of any financial accommodation heretofore, contemporaneously, or hereafter at any time made or granted, including the extension of additional credit, by DEALERS SUPPLY COMPANY, INC

to _____
(Company Name)

the Undersigned surety does hereby unconditionally guaranty and promise to pay the Creditor when due any and all present or future indebtedness and obligations of Customer owing to Creditor.

I hereby apply for credit in an amount to be determined and subject to review. I understand that credit will be extended in reliance upon the information contained in this guaranty plus any other outside sources of credit information including personal retail credit history. This guaranty shall remain in full force and effect until a corporate officer or the Credit Manager of Creditor is notified in writing by me and is binding on me for all sums now due and becoming due from this date and hour to the date and hour such actual written notice is given.

Creditor is not required to notify me of sales to the Customer and I hereby waive notice of non-payment, notice of default and demand. In the event it is necessary to place this Guaranty in the hands of an attorney for collection, I agree to pay fifteen percent (15%) of the total sum due as said attorney's fee. Time is of the essence of this agreement. This constitutes the entire agreement between the parties and no oral agreements or written undertakings not incorporated herein shall be binding. This is an original undertaking by me and in the event any indebtedness incurred on account of this agreement becomes past due, I understand that suit may be maintained against me directly without first suing the Customer and without suing him jointly, and the Undersigned is a surety as to said indebtedness. I agree that the state and federal courts in the State of Georgia shall have jurisdiction and venue over any lawsuit filed by creditor to enforce this application.

Signed at _____ o'clock, _____.m., this the _____ day of _____, 20_____.

Signature – Name of Surety

Printed – Name of Surety

Surety's Social Security Number

Signed, sealed, and delivered in the presence of:

Notary Public
(Affix Seal and Date commission expires)



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Customer Change Form

(This is not a credit application)

Change forms can be faxed to (404) 361-8421.

Account Name: _____ Customer #: _____
 Office Phone Number: () _____ Bill to Address: _____
 Cell Phone Number: () _____ City/State/Zip: _____
 Fax Number: () _____ Ship to Address: _____
 Account Information: _____ City/State/Zip: _____

E-Mail Address:	_____
World Wide Web Address:	_____

Authorized purchasers: Please note if you use this feature, anyone that is not on this list will be detained while we get authorization from your office. In order to avoid delays for your employees, it is important for us to have your phone numbers in order to reach you.

Please complete list of authorized persons to pick up on your account:

Account Stipulations:

PO# Required: _____ YES _____ * NO Job Name Required: _____ YES _____ * NO
 Pricing Options: _____ Print prices on shipping tickets: _____ YES _____ * NO

FOR OPEN ACCOUNTS ONLY:

Invoicing Options: Chose only ONE option

Faxed invoices will be done during the night to avoid the interruption of business during the day.

Invoices to be faxed	_____	Fax Number	() _____ -
If so, how many:	_____		
E-mail Invoices	_____	E-Mail Address	_____
Mailed Invoices	_____	Mailed on Mondays	

Invoices Batched: _____ Daily (Fax & Email Only) _____ Week (prints on Monday for prior week purchases) _____ Monthly

Completed by: _____ Date: _____