

Selection, Support, Specialized Expertise

## **CREDIT APPLICATION**

A minimum annual purchase of \$500 is required to maintain an "Open Account" WE DO NOT FURNISH STATEMENTS

\*\*Allow 3 weeks for processing\*\*

Branch \_

\*\*Please complete all applicable sections to allow for faster processing\*\*

PO Box 547667, ORLANDO, FL 32854-7667 PHONE: (407) 898-3456 FAX: (407) 898-7316 For the purpose of establishing credit accommodations, or for updating credit information.

| Applicant's Business Name  | ÷    | Phone No. (include   | area code)                     |
|--|------|--|--------------------------------|
| Street Address   | City | State  | Zip                            |
| Mailing Address  | City | State  | Zip                            |
| Type of Business: IHVAC UProperty Management Undustrial<br>IBovt. Inst. IPtumber Contractor IBas Dealer EManufacturer<br>EMechanical Contractor EOther (specify) |      | Date Business<br>Started   | Fax No. (include area<br>code) |
|  |      | If a Corporation, under what state?<br>Date Incorporated Federal Tax No. |                                |

Parent Company, Subsidiaries, Affiliates, etc.

| PRINCIPAL'S INFORMATION                 |                |       |                |                            |  |
|---|----------------|-------|----------------|----------------------------|--|
| Principal's name (please type or print) | Street Address |       |                | Home Phone No.             |  |
| Title                                   | City           | State | Zip            | Social Security Number     |  |
| Principal's name (please type or print) | Street Address |       |                | Home Phone No.             |  |
| Title                                   | City           | State | Zip            | Social Security Number     |  |
| Principal's name (please type or print) | Street Address |       | Home Phone No. |                            |  |
| Title                                   | City           | State | Zip            | <br>Social Security Number |  |

If you have been in business less than 3 years, please list any prior companies that were either owned or operated by your principal officers or owners:

If your company is authorized to resell our products or is tax exempt, please attach the resale or tax exempt certificate. Have you ever applied for or been extended credit at Tempaco? LYes INo If yes under what name?

| PURCHASES What is your estimate of |                       | Will you supply information  |            |
|------------------------------------|-----------------------|------------------------------|------------|
| monthly purchases from             | buy material on a job | for preliminary job notices? | required?  |
| Tempaco?                           | basis?                |                              |            |
| \$                                 | L Yes L No            | Ë Yes E No                   | L Yes E No |

Unless otherwise stated below, all employees are authorized to purchase material in our company name:

PLEASE COMPLETE NEXT PAGE

## CREDIT REFERENCES

| Name          | Phone ( )   | Fax ( )    |     |
|---------------|-------------|------------|-----|
| Address       | City        | State      | Zip |
| Name          | Phone ( )   | Fax ( )    | -   |
| Address       | City        | State      | Zip |
| Name          | Phone ( )   | Fax ( )    |     |
| Address       | City        | State      | Zip |
| Name of Bank: | Account No. | Type Acct. |     |
| Address       | City        | State      | Zip |

TERMS: I/WE agree to pay for any merchandise shipped and invoiced on open accounts basis in accordance with the terms established by Tempaco. Inc. No terms or conditions of purchase different from Tempaco's established terms will become part of any sales agreement, purchase order or other document unless specifically approved by Tempaco in writing. Should Applicant default in the payment of its outstanding account, the Company shall be entitled to incur expenses or the costs of collections which amount shall be added to the unpaid balance of the Applicant's account and shall be due and owing from Applicant to the Company.

The undersigned understands that the above information is being submitted for the purpose of obtaining credit, and authorizes investigation of this information.

| Signed by | (Corporate Officer) |
|-----------|---------------------|
|-----------|---------------------|

## PERSONAL GUARANTY

I (we) the undersigned, notwithstanding any corporate title which may be indicated, do indicate, do hereby personally guarantee obligations to your company or companies extended as a direct or indirect result of this application for credit and it is hereby specifically agreed that if such account is placed in the hands of an attorney for collection or is collected by suit, collection agency or through probate proceedings, I (we) promise to pay the principal and interest then due plus reasonable attorney's fees and collection costs together with all costs of court. Further, Buyer waives any and all privileges and rights which they may have under Chapter 47. Florida Statutes, relating to venue, as it now exits or may hereafter be amended and under any other applicable statue. Any legal action brought by Seller or Buyer, both agree that any legal action brough to ensure payment or compliances with terms and conditions of sale, shall be brought in the appropriate court in Orange county, Florida.

| Date: | Signed by: | L.S. |
|-------|------------|------|
|       |            |      |

Signed by: \_\_\_\_\_ L.S.