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| --- | --- | --- | --- | --- |
| Credit Application for a Business Account 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) 898-7316For the purpose of establishing credit accommodations, or for updating credit information. | | | | |
| Business Contact Information | | | | |
| Title: | | Company Name: | | |
| Phone: | Fax: | | E-mail: | |
| Registered company address: | | | | |
| City: | | | State: | ZIP Code: |
| Date business commenced: | | Federal Tax Number: | | |
| Sole proprietorship: | Partnership: | | Corporation: | Other: |
| Parent company: | Subsidiaries: | | Affiliates: |  |
| Type of Business: | HVAC [ ]  Manufacturer [ ]  Mechanical Contractor [ ] | | Property Mgmt. [ ]  Govt. Inst. [ ]  Industrial [ ] | Plumber [ ]  Gas Dealer [ ]  Other [ ] \_\_\_\_\_\_\_ |
| If business is less than three years old; please list prior companies owned or operated by your principal officers or owners: | | | | |
| If your company is authorized to sell or resell our products or is tax exempt, please provide the resale or tax exempt number here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Also, please provide a copy of your certificate for our records. | | | | |
| Have you ever applied for or been extended credit at Tempaco? Yes [ ] No[ ]  If so, under what name? | | | | |
| **PURCHASES**: What is your estimate of monthly purchases from Tempaco? $\_\_\_\_\_\_\_\_  If a contractor, do you purchase materials on a job basis? Yes [ ] No [ ] Will you supply information for preliminary job notices? Yes [ ] No [ ] Are purchase orders required? Yes [ ] No [ ]  Unless otherwise noted here, all employees are authorized to purchase materials in your company name: | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | principal’s Information | | | | | Name:  Title: | Address:  City: | State: | ZIP Code: | | Social Security Number:  Phone:  Fax:  E-mail: | | | | | |  |  |  |  | | --- | --- | --- | --- | | principal’s Information | | | | | Name: Title: | Address:  City: | State: | ZIP Code: | | Social Security Number:  Phone:  Fax:  E-mail: | | | | | |  |  |  |  | | --- | --- | --- | --- | | principal’s Information | | | | | Name: Title: | Address: City: | State: | ZIP Code: | | Social Security Number:  Phone:  Fax:  E-mail: | | | | | | | | | | | | | | | | |
| CREDIT REFERENCES | | | | |
| Company name:  Address:  City:  State:  ZIP Code: | | | | |
| Phone: | Fax: | | E-mail: | |
| Type of account/Account number: | | | | |
| Company name:  Address:  City:  State:  ZIP Code: | | | | |
| Phone: | Fax: | | E-mail: | |
| Type of account/Account number: | | | | |
| Company name:  Address:  City:  State:  ZIP Code: | | | | |
| Phone: | Fax: | | E-mail: | |
| Type of account/Account number: | | | | |
| Agreement | | | | |
| 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tempaco, Inc to make inquiries into the banking and business/trade references that you have supplied. 4. A minimum annual purchase of $500 is required to maintain an “open account”. 5. We DO NOT furnish statements. 6. Please allow up to three weeks to process application.   **CREDIT TERMS:** I/We agree to pay for any merchandise shipped or invoiced on an 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 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)  Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **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 statute. Any legal action brought by Seller or Buyer, both agree that any legal action brought to ensure payment or compliances with terms and conditions of sale, shall be brought in the appropriate court in Orange County, Florida.  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.S.  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.S. | | | | |
| Signatures | | | | |
| Title:  Date: | | | Title:  Date: | |

FOR USE BY TEMPACO CREDIT DEPARTMENT ONLY

Date Account Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Limit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Account Revised\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Increased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: