

HABEGGER-MYERS

HVAC DISTRIBUTION, INC.

APPLICATION FOR CREDIT

BUSINESS INFORMATION			
LEGAL COMPANY NAME			
STREET ADDRESS			
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE#	CELL#	FAX#	
TYPE OF BUSINESS: SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC			
TAX EXEMPT: YES NO NOTE: IF TAX EXEMPT, ATTACH A COPY OF YOUR STATE EXEMPTION CERT			
FEDERAL ID(CORP) OR SOCIAL SECURITY #			
PRINCIPAL(S) 1.			
PRINCIPAL(S) 2.			
CONTACT INFORMATION			
PURCHASING CONTACT:		PHONE#	
PURCHASING CONTACT EMAIL			
ACCTS PAYABLE CONTACT		PHONE#	
ACCTS PAYABLE EMAIL			
INVOICES AND STATEMENTS WILL BE DELIVERED TO ACCTS PAYABLE EMAIL / DECLINE ()			
FINANCIAL INFORMATION			
NATURE OF BUSINESS: PROPERTY MANAGEMENT SERVICE RESIDENTIAL COMMERCIAL			
DO YOU REQUIRE PURCHASE ORDER NUMBERS? YES () NO ()			
CREDIT LINE REQUESTED \$		APPROX ANNUAL SALES \$	
BANK NAME:		BRANCH:	
ADDRESS	CONTACT	PHONE#	
ACCOUNT TYPE: CHECKING () SAVINGS ()		ACCT#	
TRADE REFERENCES			
1. COMPANY NAME		ADDRESS	
CITY	ST	ZIP	ACCOUNT#
PHONE#	FAX#	CONTACT:	
2. COMPANY NAME		ADDRESS	
CITY	ST	ZIP	ACCOUNT#
PHONE#	FAX#	CONTACT:	
3. COMPANY NAME		ADDRESS	
CITY	ST	ZIP	ACCOUNT#
PHONE#	FAX#	CONTACT:	

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TERMS OF SALE

1. STANDARD TERMS: 1% 10TH PROX. NET 11TH, BASED ON STATEMENT DATE. DISCOUNT MAY BE TAKEN PROVIDING PAYMENT IS RECEIVED ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING PURCHASE AND THE ACCOUNT IS CURRENT.
2. ALL PAST DUE BALANCES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH (18% ANNUAL RATE).
3. AN ACCOUNT 60 DAYS PAST DUE WILL BE PLACED ON A CASH ONLY BASIS AND WILL NOT BE REOPENED UNTIL ALL ITEMS AND SERVICE CHARGES HAVE BEEN PAID. PAST DUE ACCOUNTS ARE REQUIRED TO PAY ALL COLLECTION COSTS INCURRED BY THE HABEGGER CORPORATION, INCLUDING BUT NOT LIMITED TO, COLLECTION AGENCY COSTS, REASONABLE ATTORNEYS FEES AND COURT COSTS.
4. A RETURN CHECK CHARGE WILL BE IMPOSED AND THE ACCOUNT PLACED ON A CASH ONLY BASIS UNTIL ALL TIMES AND SERVICE CHARGES ARE PAID.
5. IF, IN OUR JUDGEMENT, WE FEEL THAT FOR OUR MUTUAL PROTECTION IT IS ADVISABLE TO EXERCISE LIEN RIGHTS, THIS SHOULD NOT BE CONSTRUED AS A DEROGATORY ACTION.

APPLICATION MUST BE SIGNED BY AN OWNER OR OFFICER OF THE COMPANY AND RETURNED TO:

HABEGGER-MYERS

1020 DUQUESNE BLVD

DUQUESNE, PA 15110

FAX: 412-469-9633

I/WE, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE TERMS OF SALE DESCRIBED ABOVE. WE CERTIFY THAT ALL INFORMATION ON THIS CREDIT APPLICATION IS TRUE AND CORRECT.

LEGAL COMPANY NAME

SIGNATURE

TITLE

DATE

PRINTED

SIGNATURE

TITLE

DATE

PRINTED

CERTIFICATION(S)*

CERTIFIED COMPANY REPRESENTATIVE

NAME

TYPE

ID#

EPA CERTIFIED TECHNICIANS

NAME

TYPE

ID#

NAME

TYPE

ID#

NAME

TYPE

ID#

NATE CERTIFIED TECHNICIANS

NAME

TYPE

ID#

NAME

TYPE

ID#

NAME

TYPE

ID#

***A legible photo copy of CERTIFICATION CARD(s) MUST be attached to this form if applicable**