



HVAC WHOLESALE DISTRIBUTOR

305 Arlington Avenue Nashville TN 37210
Main 615.244.0920 Toll Free 800.467.4235 Fax 615.242.8444

COD Credit Application

Legal Name

Trade Name

Billing Address Street Address City ST ZIP

Billing Email Address

(If there are multiple locations, please attach separate sheet.)

Billing Phone # Fax #

Cell Phone # Home Phone #

Shipping Address Street Address City ST ZIP

Shipping Phone # Fax #

Business License # State Issued EXP date

Federal ID # Date Business Started

TYPE OF ORGANIZATION: (Please check only one)

Proprietorship Partnership Corporation Other (Please explain)

Nature of Business

NAMES OF PRINCIPALS

Table with 4 columns: Name, Title, Home Street Address, Social Security #

Have you personally, or as a principal officer of a business, filed for bankruptcy within the last 5 years?

Have you ever had an account with this company? If so, when

Please indicate if purchases are taxable or non-taxable:

- Taxable - will pay sales tax on all taxable purchases
Non-taxable - Please enclose a completed Sales Tax Exemption Certificate.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL, TO THE BEST OF MY KNOWLEDGE AND THAT YOU WILL BE ADVISED IN THE FUTURE IF THERE ARE ANY CHANGES. FURTHER, I (WE) AGREE TO PAY ALL DEBTS UPON RECEIPT OF ALL GOODS ORDERED.

For (Business Name)

By

Date

Social Security #