



www.johnstonesupply77.com

New Customer Application

Thank You for choosing Johnstone Supply to be your Wholesale Supplier for all of your HVACR needs.

· PRODUCT · KNOWLEDGE · SERVICE ·

Cash Account

Credit Account

- Complete first two sections of credit application
 - Proof of liability insurance
 - Tax exemption form if applicable
 - Any State or City Licenses
 - EPA Certification
- Completed credit application
 - Proof of liability insurance
 - Tax exemption form if applicable
 - Any State or City Licenses
 - EPA Certification

* Customer must update liability insurance annually*

Invoice/Statement (circle) Fax Email

A/P e-mail _____

A/P phone _____ Fax _____

Purchasing e-mail _____

Purchasing phone _____ Fax _____

Comments/Special Instructions _____

Remit to address for all locations: PO BOX 730, Columbus, OH 43216-0730

Fax (614) 258-5162 acct.rec@johnstonesupply77.com

700 Parkwood Ave. Columbus, OH 43219 PH (614) 258-1111 FX (614) 258-5162	4689 Spring Rd. Cleveland, OH 44131 PH (216) 661-9922 FX (216) 661-9924	1500 Firestone Pkwy. Suite. H Akron, OH 44301 PH (330) 535-4499 FX (330) 535-4498	7780 Metric Drive Mentor, OH 44060 PH (440) 205-7221 FX (440) 205-8441
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Serving Central and Northeast Ohio

APPLICATION FOR OPEN CREDIT ACCOUNT

Returning this form: Email: ACCT.REC@JohnstoneSupply77.com Fax: 614-258-5162 Mail: JOHNSTONE SUPPLY P.O. BOX 730 COLUMBUS, OH 43216-0730	FOR JOHNSTONE USE ONLY _____ ACCOUNT #
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Business Name _____
 Web Address _____

Primary Company Address & Phone		Billing Address & Phone	
Street		Street	
PO Box #		PO Box #	
City		City	
State	Zip	State	Zip
Phone ()	Fax ()	Phone ()	Fax ()
Email Address		Email Address	

Type of Business _____ Contractor License # _____ # of Employees _____

OWNERSHIP – Check One Below			
BUSINESS CLASSIFICATION	Incorporation	LLC	Proprietorship
	Partnership	LLP	Government
Date Business Established	If Incorporated, Date of Inc.		
State of Incorporation	Fed ID #		

PRINCIPAL OWNERS, OFFICERS AND PARTNERS (Attach separate sheet if necessary)

1) Name	Title	Social Security #			
Street	City	State	Zip	Phone ()	
2) Name	Title	Social Security #			
Street	City	State	Zip	Phone ()	

IF BILLS ARE PAID BY PARENT COMPANY, FILL IN BELOW

Parent Company	Phone ()	Fax ()
Street	City	State Zip

BANK REFERENCES

(1) Bank Name	Branch	
Address	City	State Zip
Checking Acct #	Savings Acct #	Loan Acct #
(2) Bank Name	Branch	
Address	City	State Zip
Checking Acct #	Savings Acct #	Loan Acct #

COMMERCIAL TRADE REFERENCES: Give ONLY names of those you buy from on OPEN ACCOUNT. References WILL NOT be considered valid unless FULL NAMES and ADDRESSES are included. Please list a minimum of three (3).

Name	Address	City State & Zip	Phone	Fax	Account #
1					
2					
3					
4					

Amount of Credit Desired \$ _____

Purchase Order Required?	
Yes	No
Statement Required	
Yes	No

Billing Instructions _____

We herein make application to Johnstone Supply for credit and/or to update and reconfirm our existing account and balance with Johnstone Supply. Johnstone Supply is authorized to contact any references or banks listed above and pull credit reports. If credit is granted, I (we) agree to pay for all goods and services purchased within 30 days of the date of invoice. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount. If suit action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in state and county of Johnstone Supply's choice. Applicant specifically understands that they are waving their right in choice of venue. Applicant agrees to pay interest and service charges at the highest rate permitted by law. Applicant(s) give their permission to Johnstone Supply and/or its agents to verify and/or supplement the information listed hereon.

Dated _____ **Principal Owner/
Officer/Partner** _____ **Title** _____
SIGNATURE

Complete Individual Personal Guarantee, if applicable

INDIVIDUAL PERSONAL GUARANTEE

I, _____ SS# _____, residing at _____
For and in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company") of which I am (title) _____, hereby personally guarantee to you the payment at _____ in the State of _____ of any obligation of the company or its successor and I hereby agree to bind myself to pay you on demand any sum, which may become due to you by the Company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Witness _____
Address _____ Signature _____