

JOHNSTON SUPPLY, INC. CREDIT APPLICATION

PLEASE COMPLETE ENTIRE FORM.

BRANCH # _____

S.S. or FID # _____

SALESMAN # _____

BR. MGR. OK. _____

TEL. # (_____) _____

TAXABLE UNLESS EXEMPTION

SLIP IS ATTACHED []

REFRIGERANT CERTIFICATION ATTACHED []

Please provide both your E-Mail address and Fax number. Check the way you would prefer invoices be delivered.

[] E-mail address _____

[] FAX # (_____) _____

Business Name _____

[] Individual

[] Partnership

[] LLC

[] Corporation

Type of Business _____

BILLING ADDRESS

SHIP TO ADDRESS (If different than Billing Address)

Street, Rt. #, or P.O. Box _____

Street or Rt. # _____

City, State, and Zip _____

City, State, and Zip _____

County _____

County _____

Name of Bank – Checking _____

Loans _____

CREDIT REFERENCES (DO NOT USE BANK)

Name _____

Name _____

Address _____

Address _____

Tel. # (_____) _____

Tel. # (_____) _____

Name _____

Name _____

Address _____

Address _____

Tel. # (_____) _____

Tel. # (_____) _____

Terms: The billing period is from the 26th of a month to the 25th of the next month with payment due the 10th of the following month. A 2% service and carrying charge will be billed on all past due balances.

I authorize Johnston Supply, Inc. to obtain a consumer report for the intent of extending credit. I understand the inquiry may include, but is not limited to: credit checks and references.

DATE _____ **AUTHORIZED SIGNATURE** _____

TITLE _____ **PRINT NAME** _____

This space for office use only.

Approved _____ By _____ Date _____