

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			
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:	

HABEGGER-MYERS

TERMS OF SALE

HVAC DISTRIBUTION, INC.

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

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**

HABEGGER-MYERS

HVAC DISTRIBUTION, INC.

Please sign below and return this form and a copy of your most recent financial statement. A copy of your EPA certificate and driver's license is also required.

Habegger HVAC Distribution, INC.

Attn: Credit Manager

1020 Duquesne Blvd

Duquesne, PA 15110

(412) 469-1010

(412) 469-9633 Fax

_____ Certify that all information on this Credit Application is true and correct.

Owner/Officer Name

The undersigned authorizes *Habegger HVAC Distribution, Inc.* to procure his/her individual consumer report relative to the business credit investigation on:

Company Name: _____

Signature of Owner/Officer: _____

Printed Name: _____

Title: _____ SSN: _____

Address: _____

City/State _____ Zip Code _____

For Office Use Only

Account Number: _____ Terms: _____ Date: _____

Salesman #1: _____ #2: _____ Branch: _____ Country Code: _____

Class: _____ Sub-Class _____ EPA _____ PG _____ FS/Date _____

Habegger-Myers

INDIVIDUAL PERSONAL GUARANTY

In consideration of extensions of credit by Habegger-Myers to _____

Business Name

I _____ hereby personally and unconditionally guarantee to

Name

Habegger-Myers, its successors and assigns, the full and prompt payment, when due, of all present and future obligations or indebtedness of the Customer to Habegger-Myers.

I also personally guarantee payment of all costs incurred by Habegger-Myers by reason of the Customer, including all reasonable costs incurred by Habegger-Myers by reason of the default of the customer, including all reasonable attorney fees.

I waive notice of acceptance of this Guaranty, and notice of any default by the Customer. I agree that Habegger-Myers may without notice without affecting my liability under this under this guaranty, enter into transactions with the Customer, modify the terms of and arrangements between Habegger-Myers and the Customer or grant extensions of time or credit to the Customer, or comprise, release, or assign any rights with respect to the Customer, myself, and other guarantor of the Customers obligations and/or indebtedness to Habegger-Myers, or any collateral held by Habegger-Myers as a security under agreements between Habegger-Myers and the Customer.

Where there are one or more other guarantors of the Customer's indebtedness or obligations to Habegger- Myers I agree that my liability shall be joint and several. It shall not be necessary for Habegger- Myers, in order to enforce this Guaranty, to first proceed against the customer. Nor shall Habegger-Myers have any obligation to perfect or protect any security interest or any rights it may have in any collateral.

This Guaranty is a continuing guarantee of payment, not of collection, and shall remain in force until revoked by me by notice in writing sent certified mail to Habegger-Myers. However, such revocation shall be effective only as to those obligations on indebtedness of the Customer, which arise out of transactions entered into after receipt of notice of revocation by Habegger-Myers. This guarantee is a primary and unconditional obligation and covers existing and future obligations or indebtedness of the Customer to Habegger-Myers.

IN WITNESS WHEREOF, I have signed this Guaranty on this _____ day of _____ 20_____

Guarantor Printed Name

Guarantor's Signature

Address

City/State/Zip

Social Security Number

Witness by: