



**JOHNSTONE
SUPPLY**

www.johnstonesupply.com

APPLICATION FOR OPEN CREDIT ACCOUNT

**MAIL OR FAX APPLICATION
TO STORE ADDRESS
ON CATALOG BACK COVER**

FOR JOHNSTONE USE ONLY

CREDIT APPROVED
CREDIT REFUSED

D & B _____

WANT TO OPEN AN ONLINE
ACCOUNT? Yes No

Nearest Johnstone Store _____

ACCOUNT # _____

CREDIT LIMIT _____

Business Name _____
 Street Address _____ Web Address: _____
 PO Box # _____ PO Box Zip _____ Email Address: _____
 City _____ State _____ Zip _____ Phone () _____ Fax () _____
 Type of Business _____ Contractor License # _____ No. of Employees _____ Date Established _____

OWNERSHIP — Check One Below

BUSINESS CLASSIFICATION

Incorporation
 Partnership

LLC
 LLP

Proprietorship
 Government

Date Business Established ____/____/____

If Incorporated, Date of Inc. ____/____/____

State of Incorporation _____

Fed ID # _____

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

Name	Title	Phone #
Street Address	City	State
	Zip	Social Security #

Name	Title	Phone #
Street Address	City	State
	Zip	Social Security #

IF BILLS ARE PAID BY PARENT COMPANY, FILL IN BELOW

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

BANK REFERENCES

SAVINGS Name _____ Account # _____ Branch _____
 CHECKING Address _____ City _____ State _____ Zip _____
 LOAN
 SAVINGS Name _____ Account # _____ Branch _____
 CHECKING Address _____ City _____ State _____ Zip _____
 LOAN

COMMERCIAL TRADE REFERENCES: Give ONLY names of those you buy from an 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 Code	Phone	Fax	Account #
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

Amount of Credit Desired Monthly \$ _____ Sales Tax Exemption # _____

PURCHASE ORDER REQUIRED?
 Yes No

Authorized Buyers _____

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 purchased by the 10th of the month following 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 or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in the state and county of Johnstone Supply's choice. Applicant specifically understands that they are waiving 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. I understand that by providing the information above and signing this form, I am consenting to receive communications sent via facsimile and e-mail by, or on behalf of, Johnstone Supply.

Principal Owner/

Dated _____ Officer/Partner _____ Title _____

SIGNATURE

Complete Sales Tax Exemption Certificate and/or Individual Personal Guarantee on reverse side, if applicable.

— FOR JOHNSTONE USE ONLY —

1. Sold since _____	High _____	Owing _____	Past Due _____
Manner of Payment: Prompt _____	Slow to _____	Terms _____	
2. Sold since _____	High _____	Owing _____	Past Due _____
Manner of Payment: Prompt _____	Slow to _____	Terms _____	
3. Sold since _____	High _____	Owing _____	Past Due _____
Manner of Payment: Prompt _____	Slow to _____	Terms _____	
4. Sold since _____	High _____	Owing _____	Past Due _____
Manner of Payment: Prompt _____	Slow to _____	Terms _____	

MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE

ISSUED TO (SELLER)	JOHNSTONE SUPPLY	ADDRESS	CITY	STATE	ZIP CODE
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I certify that

NAME OF FIRM (BUYER)		
STREET ADDRESS OR PO BOX #		
CITY	STATE	ZIP CODE

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Lessor
- Other _____

is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting.

PRODUCT OR SERVICES RENDERED			
STATE	STATE ID #	CITY OR STATE	STATE REGISTRATION OR ID #
CITY OR STATE	STATE REGISTRATION OR ID #	CITY OR STATE	STATE REGISTRATION OR ID #
CITY OR STATE	STATE REGISTRATION OR ID #	CITY OR STATE	STATE REGISTRATION OR ID #

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER:
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I swear or affirm that the information on this form is true and correct as to every material matter.

AUTHORIZED SIGNATURE (Owner, Partner or Corporate Officer)	Title	Date
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EMPLOYEE REFRIGERANT HANDLING CERTIFICATE

For additional employees, add a separate sheet of paper.

Certificate # _____ Employee Name _____
 Certificate # _____ Employee Name _____

INDIVIDUAL PERSONAL GUARANTEE

Date _____ 20____

I, _____ SS # _____, residing at _____ (hereinafter referred to as the "Company"), for and in consideration of your extending credit at my request to _____ of which I am _____, hereby personally guarantee to you the payment at _____ in the State of _____ TITLE _____ 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 guaranty shall be a continuing and irrevocable guaranty 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 _____