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JOHNSTONE SUPPLY Columbus * Cleveland * Akron
 www.johnstonesupply77.com

APPLICATION FOR OPEN CREDIT ACCOUNT

FAX OR MAIL APPLICATION TO: JOHNSTONE SUPPLY P.O. BOX 730 COLUMBUS, OH 43216-0730	FOR JOHNSTONE USE ONLY	
	CREDIT APPROVED <input type="checkbox"/> CREDIT REFUSED <input type="checkbox"/>	D & B _____ CREDIT LIMIT _____ ACCOUNT # _____

Business Name _____ Date Established _____
 Street Address _____ Phone () _____ Fax () _____
 PO Box # _____ Web Address _____
 City _____ State _____ Zip _____ Email Address _____
 Type of Business _____ Contractor License # _____ # of Employees _____

OWNERSHIP - Check One Below			
BUSINESS CLASSIFICATION	<input type="checkbox"/> Incorporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Proprietorship
	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> 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 _____ Social Security # _____
 Street Address _____ City _____ State _____ Zip _____ Phone # _____
 Name _____ Title _____ Social Security # _____
 Street Address _____ City _____ State _____ Zip _____ Phone # _____

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
 LOAN Address _____ City _____ State _____ Zip _____

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

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 \$ _____ Sales Tax Exemption # _____
PURCHASE ORDER REQUIRED?
 Yes No
 Authorized Buyers _____

Billing Instructions _____ **Statement Required** Yes No
 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 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.

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

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

MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE

ISSUED TO (SELLER) **JOHNSTONE SUPPLY, 700 PARKWOOD AVE., COLUMBUS, OH 43219**

I certify that

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

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, 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 cancelled by us in writing or revoked by the city or state.

GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER:

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)

EMPLOYEE REFRIGERANT HANDLING CERTIFICATE

For additional employees, add a separate sheet of paper

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

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 _____