



# JOHNSTONE SUPPLY

www.johnstonesupply77.com

700 Parkwood Ave., Columbus, OH 43219 • 614-258-1111 • Fax 614-258-5162

4721 Hinckley Industrial Pkwy., Cleveland, OH 44109 • 216-661-9922 • 216-661-9924

956 S. Main St., Akron, OH 44311 • 330-535-4499 • 330-535-4498

Mailing Address: P.O Box 730, Columbus, OH 43216-0730

## CUSTOMER INFORMATION PACKET

Please fill out the following forms as completely as possible. If you have any questions please contact your nearest Johnstone Supply branch. Included in this packet are the following:

**CUSTOMER INFORMATION PACKET COVER PAGE**

**SALES AND/OR USE TAX FORM**

**JOHNSTONE SUPPLY APPLICATION FOR OPEN CREDIT ACCOUNT\***

**FAX/STATEMENT INFORMATION FORM\***

**JOHNSTONE SUPPLY WEB ORDER ENTRY REGISTRATION**

*\*Only required for Open Account requests.*

Customer or Company name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer phone number: (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

Company Contact: \_\_\_\_\_ Extension Number \_\_\_\_\_

Company website and /or email address: \_\_\_\_\_

Please list in the following space names of those individuals who are authorized to order, purchase and/ or pick up goods from Johnstone Supply: \_\_\_\_\_  
\_\_\_\_\_

**Do you hold a professional license? \_\_\_\_\_ EPA Refrigerant Handling Certified? \_\_\_\_\_**

**If you answered YES please send copies of your license and certificate.**

**If you have any special needs or inquiries, problems or suggestions please use the back of this form and be as detailed as possible.**

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***Skip this section if you are applying for an Open Account.***

If there is a question on your account whom is the person to contact? \_\_\_\_\_ Ext. No. \_\_\_\_\_

Would you like to be added to our catalog mailing list? \_\_\_\_\_ Monthly flyer list? \_\_\_\_\_

What is your preferred method of payment? Cash \_\_\_\_\_ Company Check \_\_\_\_\_  
Master Card/Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover Card \_\_\_\_\_

Would you like for one of our salespeople to schedule an appointment? \_\_\_\_\_

What type of business are you involved in? (Check all that apply) Plumbing \_\_\_\_\_ Heating \_\_\_\_\_  
Laboratory \_\_\_\_\_ Government \_\_\_\_\_ School \_\_\_\_\_ Institutional \_\_\_\_\_ Hospital \_\_\_\_\_  
Air Conditioning \_\_\_\_\_ Appliance Repair \_\_\_\_\_ Electrical \_\_\_\_\_ Refrigeration \_\_\_\_\_  
Property Maintenance \_\_\_\_\_ Property Management \_\_\_\_\_ other (please describe) \_\_\_\_\_

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## JOHNSTONE SUPPLY SALES AND/OR USE TAX BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby certifies that the articles of tangible personal property, described below, purchased from Johnstone Supply are exempt from sales and/or use tax since they are:

\_\_\_\_\_ For resale

\_\_\_\_\_ To be incorporated as an ingredient or component of other tangible personal property to be fabricated, compounded or manufactured for sale.

\_\_\_\_\_ A government entity exempt by charter or law.

\_\_\_\_\_ To be used in manufacturing operations to produce tangible personal property for sale.

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Description of property to be purchased: \_\_\_\_\_

The undersigned further certifies that if any property so purchased tax free is used or consumed as to make it subject to a sales or use tax, the purchaser will pay the tax due direct to the proper taxing authority or inform Johnstone Supply for additional billing. This certificate shall continue in force until revoked and shall be considered part of the terms and conditions of each order received by Johnstone Supply unless the order specifies otherwise.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

VENDOR'S LICENSE, IF ANY: \_\_\_\_\_

Please return to: Johnstone Supply, PO Box 730, Columbus, OH 43216-0730

Phone no. (614)258-1111  
 Fax no. (614)258-5162



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

**APPLICATION FOR OPEN CREDIT ACCOUNT**

<b>FAX OR MAIL APPLICATION TO:</b> <b>JOHNSTONE SUPPLY</b> <b>P.O. BOX 730</b> <b>COLUMBUS, OH 43216-0730</b>	<b>FOR JOHNSTONE USE ONLY</b>	
	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	/ /		
State of Incorporation	If Incorporated Date of Inc. / /		
	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 \_\_\_\_\_



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## FAX/STATEMENT INFORMATION FORM

In an effort to serve you more efficiently, we are updating our records. Please take a minute to complete this form and return it to us at your earliest convenience.

**PLEASE CHECK THE APPROPRIATE BOXES BELOW:**

### **FAX:**

- No, We do not currently have fax capabilities
- Yes, we have a dedicated fax line (\_\_\_\_)\_\_\_\_\_
- Yes, we have a shared fax line (\_\_\_\_)\_\_\_\_\_

Do you have a separate fax number for accounts payable?

- Yes, the number is (\_\_\_\_)\_\_\_\_\_
- No, we do not have a separate fax number.

### **STATEMENT**

- No, we do not need to receive a monthly statement on a regular basis.
- Yes, we need to receive a monthly statement on a regular basis.

**CUSTOMER NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

Thank you for your prompt attention to this matter. Please fax this form to (614)258-5162 or mail it to the mailing address above. We appreciate your business.

● As of March 31, 2001, we will no longer send statements except to those customers who have checked the appropriate box.



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## **JOHNSTONE SUPPLY WEB ORDER ENTRY REGISTRATION**

The Johnstone Supply in Columbus, Cleveland and Akron website provides our customers with the ability to learn about the products and services we offer, to sign up for training and certification classes, and to stay informed about special events and promotions of interest to them. In addition, we have a secure web order entry program which allows registered users to place their orders over the internet and have them ready to pick up, or shipped, at their convenience.

Please provide the following information to enable your online account:

Your name: \_\_\_\_\_ Title: \_\_\_\_\_

Company name: \_\_\_\_\_

Company Address \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ FAX number (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

Are you an authorized buyer? YES \_\_\_\_ NO \_\_\_\_

Requested Logon: \_\_\_\_\_ (Must be at least 6 characters)

Requested Password: \_\_\_\_\_ (Must be at least 6 characters)  
(Please keep in secure place or commit to memory)

Will you be the only user of this logon and password? YES \_\_\_\_ NO \_\_\_\_

If no, who else will be authorized to use? \_\_\_\_\_

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