



JOHNSTONE SUPPLY

APPLICATION FOR OPEN CREDIT ACCOUNT

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

FOR JOHNSTONE USE ONLY

Nearest Johnstone Store _____

CREDIT APPROVED
CREDIT REFUSED

D & B _____

ACCOUNT # _____

CREDIT LIMIT _____

Business Name _____

Street Address _____

PO Box # _____ PO Box Zip _____

City _____ State _____ Zip _____ Phone () _____ Fax () _____

Type of Business _____ Contractor License # _____ No. of Employees _____ Date Established _____

OWNERSHIP — Check One Below

THIS BUSINESS IS A CORPORATION

If checked, give names of corporate officers

NAME _____	TITLE _____
NAME _____	TITLE _____
NAME _____	TITLE _____

Fed ID # _____

THIS BUSINESS IS A SOLE PROPRIETORSHIP

If checked, fill out information below

Owner's Name _____
Home Street Address _____
City _____ State _____ Zip _____
Phone () _____ SS # _____
Fax () _____

THIS BUSINESS IS A PARTNERSHIP

If checked, fill out information below

Partner's Name _____
Home Street Address _____
City _____ State _____ Zip _____
Phone () _____ SS # _____
Fax () _____

Partner's Name _____
Home Street Address _____
City _____ State _____ Zip _____
Phone () _____ SS # _____
Fax () _____

IF BILLS ARE PAID BY PARENT COMPANY, FILL IN BELOW

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

BANK REFERENCES

<input type="checkbox"/> SAVINGS	Name _____	Account # _____	Branch _____
<input type="checkbox"/> CHECKING	Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> LOAN	Name _____	Account # _____	Branch _____
<input type="checkbox"/> SAVINGS	Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> CHECKING	Name _____	Account # _____	Branch _____
<input type="checkbox"/> 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 Code	Phone	Account #
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

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

PURCHASE ORDER REQUIRED?

Yes No

Authorized Buyers _____

Billing Instructions _____

Should you approve this application, I (we) agree to pay for all goods purchased by the 10th of the month following date of invoice. Johnstone Supply is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit. Service charges at the highest rate permitted by state law will be applied to past due accounts.

SHOULD IT BECOME NECESSARY TO COLLECT THIS ACCOUNT THROUGH AN ATTORNEY, BY LEGAL PROCEEDINGS, OR OTHERWISE, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION, INCLUDING A REASONABLE ATTORNEY'S FEES.

Dated _____ Authorized Buyer/
Co. 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 _____	Owing _____	Past Due _____
	High _____	Slow to _____	Terms _____
	Manner of Payment: Prompt _____		
2.	Sold since _____	Owing _____	Past Due _____
	High _____	Slow to _____	Terms _____
	Manner of Payment: Prompt _____		
3.	Sold since _____	Owing _____	Past Due _____
	High _____	Slow to _____	Terms _____
	Manner of Payment: Prompt _____		
4.	Sold since _____	Owing _____	Past Due _____
	High _____	Slow to _____	Terms _____
	Manner of Payment: Prompt _____		

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 _____ 19____

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 _____, 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 _____

