

# Aireco Supply, Inc.

P.O. BOX 414, SAVAGE, MD. 20763-0414  
Wash Metro (301) 953-8800 Balt. Metro (410) 792-4588 Fax (301) 498-6804

## COMMERCIAL CREDIT APPLICATION AND SALES AGREEMENT

### COMPANY INFORMATION

Company name:		TAX ID #:	
Trading name:			
Phone:	Fax:	E-mail:	
Physical address:			
City:	State:	ZIP Code:	How Long at Current Address:
Mailing address if different from Physical address:			
City:	State:	ZIP Code:	
Date Business Began	Anticipated Purchases \$	Credit Line Requested \$	
<input type="checkbox"/> Corporation ( State of Incorporation )		<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> LLC <input type="checkbox"/> LLP ( State of Organization )		<input type="checkbox"/> Other ( Describe )	
Name of Officer or Owner		Title	Phone #
Address		City:	State: ZIP Code:
Name of Officer or Owner		Title	Phone #
Address		City:	State: ZIP Code:

### BANK INFORMATION

Bank name:	Bank Contact:
Bank address:	Phone:
Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Account number
Bank name:	Bank Contact:
Bank address:	Phone:
Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Account number

### TRADE REFERENCES

Company name:	Type of account:
Address	City: State: ZIP Code:
Phone:	Fax: E-mail:
Company name:	Type of account:
Address	City: State: ZIP Code:
Phone:	Fax: E-mail:
Company name:	Type of account:
Address	City: State: ZIP Code:
Phone:	Fax: E-mail:

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## COMMERCIAL CREDIT APPLICATION AND SALES AGREEMENT

### Terms And Conditions

The information in this application is true and correct to the best of my knowledge. You are hereby authorized to obtain any information you consider necessary concerning this application, including but not limited to bank references.

The undersigned promises to pay for all purchases in accordance with your terms of sale. If at any time the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my account with service charges computed at 1.5 % per month ( 18% per annum) on any past due amounts. If the account is placed with a third party for collection, the undersigned agrees to pay all collection costs, court costs, along with attorney fees equal to 25% of the unpaid principal and interest.

The undersigned hereby waive any right to a jury trial and agree that this agreement shall be governed by the laws of the State of Maryland, as to all matters, and the undersigned irrevocably consent and submit to the exclusive jurisdiction of the State of Maryland and the venue of Prince George's County Circuit and District courts.

Unless prior arrangements are made in writing between the undersigned and Aireco Supply, Inc. the following standard credit terms will apply to all charge transactions:

1. All invoices are due within 30 days of statement date.
2. A 1% discount is allowed on current invoices paid by the 10th day of the month following the statement date.
3. A service charge of 1.5 % per month ( 18% per annum) will be added to any amounts past due 30 days or more.
4. Any account that becomes past due may be put on credit hold until the past due amount and service charges are paid.
5. Standard credit terms and conditions are subject to change at the exclusive discretion of Aireco Supply.
6. All customer accounts are subject to review. Credit lines may be revised or cancelled at the sole discretion of Aireco Supply.
7. Any dispute as to the validity or accuracy of any invoice must be made by the customer in writing within 30 days of invoice date; otherwise the absence of said written dispute constitutes a compete and final waiver thereof by both the customer and guarantor(s).

Upon acceptance by Aireco Supply, Inc. this application will constitute a sales and purchase agreement.

Signature \_\_\_\_\_ Title: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Title: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

### Guarantee Of Payment

To: AIRECO SUPPLY, INC.- P.O. Box 414 Savage, Maryland 20763-0414

In consideration of you extending credit to ( Company Name) \_\_\_\_\_

(hereinafter called Customer) the undersigned, intending to be legally bound hereby, does individually guarantee to Aireco Supply, Inc., the payment of any and all accounts and indebtedness now due or to become due for or on account of goods or merchandise sold or advanced or to be sold or advanced by Aireco Supply, Inc. to Customer, or upon Customer's order and the payment of all amounts for which Customer might be obligated, whether as a result of proceedings in court or otherwise or by reason of agreement with Aireco Supply, Inc. for or on account of the breach or repudiation by Customer of any order for the sale of goods or merchandise by Aireco Supply, Inc. to Customer, including collection costs, court costs and attorney fees of 25%.

This guarantee shall be a continuing one and shall remain in force and effect until the written revocation thereof is received by Aireco Supply, Inc. by certified mail. A revocation shall not discharge the undersigned from any liability arising out of purchase orders made by customer and accepted by Aireco Supply, Inc. prior to receipt by Aireco Supply, Inc. of such written revocation.

This guaranty shall be binding upon the undersigned and the executors, administrators, and assigned of the undersigned, but shall not be assignable by the undersigned without the written consent of Aireco Supply, Inc.

The undersigned Guarantor(s) hereby waive any right to a jury trial and agree that this agreement shall be governed by the laws of the State of Maryland, as to all matters, and the undersigned Guarantor(s) irrevocably consent and submit to the exclusive jurisdiction of the State of Maryland and the venue of Prince George's County Circuit and District courts.

Guarantor's Signature \_\_\_\_\_ Guarantor's Social Security # \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor's Signature \_\_\_\_\_ Guarantor's Social Security # \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

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## Aireco Account Set Up Sheet

Customer name: \_\_\_\_\_

Customer Wishes to receive invoices by the following Method: (Please Check Box)

Email \_\_\_\_\_

FAX: \_\_\_\_\_

Regular Mail Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Tax Exempt: ( IF Yes, a copy of certificate(s) must be provided with application.  YES  NO

Purchases Order # Required: (Please Check Box)  YES  NO

## Aireco Use Only

Account Type Approved:  CREDIT  COD  CASH ONLY

Credit limit Approved \$ \_\_\_\_\_

Account # Assigned \_\_\_\_\_