



# JOHNSTONE SUPPLY

www.johnstonesupply.com

## APPLICATION FOR OPEN CREDIT ACCOUNT

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

CREDIT APPROVED   
CREDIT REFUSED

**FOR JOHNSTONE USE ONLY**

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  LLC  Proprietorship  
 Partnership  LLP  Government

Date Business Established \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If Incorporated, Date of Inc. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
State of Incorporation \_\_\_\_\_ Fed ID # \_\_\_\_\_

PRINCIPLE 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 # |

BILLS ARE PAID BY (fill in below)

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 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) <b>JOHNSTONE SUPPLY</b> | ADDRESS _____ | CITY _____ | STATE _____ | ZIP CODE _____ |
|--|---------------|------------|-------------|----------------|

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: |
|--|

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 _____ |
|--|-------------|------------|

**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 \_\_\_\_\_, 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 \_\_\_\_\_ 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 (Print Name) \_\_\_\_\_ Witness Address \_\_\_\_\_  
 Witness Signature \_\_\_\_\_ Guarantor Signature \_\_\_\_\_