

**TRANE®**

3911 W. Cypress
Tampa FL 33607
813 877 8253
800 966 8253
813 876 4778 Fax

6461 Topaz Court
Ft Myers FL 33966
239 275 9577
888 275 9577
239 278 5502 Fax

11577 US Hwy 19 N
Clearwater FL 33764
727 572 8255
800 966 8257
727 573 1604 Fax

2224 72nd Avenue
Sarasota FL 34243
941 360 0010
877 529 0010
941 358 0032 Fax

Corporate Office
902 N. Himes Avenue
Tampa, FL 33609

PO Box 919309
Orlando, FL 32891-9309
(813) 877-8251
800-966-8251
(813) 877-8257 FAX
www.tampabaytrane.com

16521 US Hwy 19 N
Hudson FL 34667
727 245 1320
727 245 1321 Fax

544 Commercial Blv
Naples FL 34104
239 384 5400
866 229 1388
239 384 5401 Fax

CUSTOMER # _____

TRANE CREDIT APPLICATION – APPLICANT INFORMATION

NAME _____ D/B/A/ _____

PHYSICAL ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ FAX _____

BILLING ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ FAX _____

A/P CONTACT _____ E-MAIL _____

BUSINESS TYPE (CHECK ONE) ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

DATE ESTABLISHED _____ CREDIT REQUESTED \$ _____

FEDERAL TAX ID # _____ OWNERS SOCIAL SECURITY # _____

TAX EXEMPT: **YES / NO** (IF YES, INCLUDE A COPY OF THE CURRENT YEAR'S TAX EXEMPT / RESALE CERTIFICATE)**OWNER, PARTNERS, OR CORPORATE OFFICERS**

(HOME ADDRESSES ARE REQUIRED FOR OWNERS, PARTNERS, AND MEMBERS OF LLC ONLY)

NAME _____ TITLE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REFERENCES

NAME ADDRESS PHONE FAX

1 _____

2 _____

3 _____

4 _____

BANK NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CHECKING ACCOUNT # _____

MANAGEMENT COMPANIES ONLY

FACILITY NAME _____

LEGAL DESCRIPTION _____

LOT _____ BLOCK _____ SUBDIVISION _____

SECTION _____ TOWNSHIP _____ COUNTY _____

JOB ADDRESS _____ CITY _____

OWNERS NAME _____ ADDRESS _____

(CREDIT APPLICATION – CONTINUED)

The undersigned hereby certifies that the information contained in this application is true and correct, and that the undersigned is authorized to execute this Credit Application on behalf of the Applicant. The Applicant agrees to pay the account in accordance with the credit terms of Tampa Bay Systems Sales, Inc. D/B/A Tampa Bay Trane D/B/A Trane Parts Center. Hereafter called Tampa Bay Trane. Terms of sale are NET/30 unless otherwise specified in writing by Tampa Bay Trane. Unpaid balances will accrue interest at the rate of 1-1/2 % per month on the unpaid balance. The Applicant understands that Tampa Bay Trane reports delinquent accounts to both a local, and nationwide, credit-reporting agencies. Tampa Bay Trane is hereby authorized to verify the above information and/or obtain additional information by securing data from a credit-reporting agency.

Applicant agrees to immediately notify TAMPA BAY TRANE'S CREDIT DEPT of any changes in Applicant's name, ownership, officers, or form, and no later than Five (5) days after such change. Notice shall be in writing and FAXED to Attention: CREDIT DEPARTMENT and a copy must be sent certified mail to TAMPA BAY TRANE CREDIT DEPT. 902 N Himes Avenue, Tampa, FL 33609.

This agreement shall be construed pursuant to Florida law. In case it becomes necessary to place this account in the hands of an attorney or other outside agency for collection, the above named Applicant agrees to pay collection costs, including reasonable attorney's fees, whether or not litigation is commenced. If any legal action becomes necessary venue shall be in Hillsborough County, Florida. The undersigned agrees to waive the right to a jury trial.

If a partnership, all partners must sign. If a corporation, an authorized officer must sign. If LLC, managing member must sign.

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_____ Signature of Applicant (must be signed by owner or officer)	_____ Print or Type Full Name of signor	_____ Date

As its _____

<div style="background-color: yellow; height: 20px; width: 100%;"></div>		
_____ Signature of Witness to Applicants Signature	_____ Print or Type Full Name of Witness	_____ Date

The undersigned guarantor agrees to the above terms and personally and unconditionally guaranties the obligations and payment of materials and services hereafter ordered by Applicant's agents (plus applicable taxes and other charges), interest, and reasonable attorney's fees. This guaranty is continuing in nature and shall continue notwithstanding any change(s) whatsoever in the composition of the Applicant, and even when the Applicant

_____ Signature of Guarantor	_____ Print or Type Full Name	_____ Date
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_____ Signature of Witness to Guarantor's Signature	_____ Print or Type Full Name of Witness	_____ Date
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Notice: The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington D.C. 20580

PLEASE COMPLETE & SIGN/DATE, SUBMIT BY: EMAIL TO CREDIT@TBTRANE.COM
OR FAX TO (813) 877-5162 ATTN: CREDIT DEPARTMENT