

# ABLE DISTRIBUTORS APPLICATION FOR CREDIT

Please type or print. Application must be completed in full to be considered

Business Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

Accounts Payable Supervisor \_\_\_\_\_ Accounts Payable Phone (if different) \_\_\_\_\_

How many years in business: \_\_\_\_\_ Number of Employees \_\_\_\_\_ Credit Request \$ \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Sale tax exempt: no \_\_\_\_\_ yes \_\_\_\_\_ Tax exempt no \_\_\_\_\_ (please include a copy of your resale certificate)

Certified for Freon: no \_\_\_\_\_ Yes \_\_\_\_\_ (please include the certification card for all employees eligible to purchase Freon 22)

Name of owner(s): \_\_\_\_\_ Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Social Security number \_\_\_\_\_

## Corporation officers names:

President: \_\_\_\_\_ Address: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Address: \_\_\_\_\_

## Trade References please list three:

1.Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3.Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

NAME OF YOUR BANK \_\_\_\_\_ Phone: \_\_\_\_\_ Acct. No: \_\_\_\_\_

"I, we, the undersigned, being the owner, or principal stockholder of the corporation known as \_\_\_\_\_ who have made application for credit with you, hereby agree for valuable consideration to unconditionally indemnify you from any and all losses you might sustain by reason of the corporation failing to pay its obligations when due for merchandise delivered by you, and I, we, do agree to waive notice of default, hereby giving you the right to extend the time of payment without limitations and do individually and severally agree to be personally liable for the obligations of any merchandise or credit extended by you. Applicant hereby authorize the ABLE DISTRIBUTORS the right to investigate the credit of the applicant with any suppliers, financial institution, credit bureaus, or credit reporting agencies."

**ALL SUMS NOT PAID WHEN DUE SHALL BEAR INTEREST AT THE RATE OF 18% PER ANNUM FROM THE DAY PAYMENT IS DUE UNTIL PAID OR THE MAXIMUM ALLOWED, WHICHEVER IS LESS. IN THE EVENT OF DEFAULT ON THE ACCOUNT, THE UNDERSIGNED AGREES TO PAY ALL REASONABLE ATTORNEY'S FEE, COURT COST, AND ALL OTHER COLLECTION EXPENSES ACCRUED EITHER BY SUIT OR OTHERWISE.**

**I HEREBY AUTHORIZE ALL SUMS NOT PAID WITHIN 90 DAYS TO BE CHARGED IN FULL TO THE FOLLOWING ACCOUNT (PLEASE SELECT ONE OF THE FOLLOWING):**

\_\_\_\_\_ VISA ACCOUNT NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

\_\_\_\_\_ MASTER CARD ACCOUNT NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

\_\_\_\_\_ DISCOVER ACCOUNT NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

\_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ EXP \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_