



HVAC WHOLESALE DISTRIBUTOR

1645 Murfreesboro Pike, Suite M, Nashville TN 37217
Main: 615.244.0920 Toll Free: 800.467.4235 Fax: 615.242.8444

COD Credit Application

Legal Name \_\_\_\_\_

Trade Name \_\_\_\_\_

Billing Address \_\_\_\_\_

(If there are multiple locations, please attach separate sheet.) Street Address City ST ZIP

Billing Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Shipping Address \_\_\_\_\_

Shipping Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ Street Address City ST ZIP

Business License # \_\_\_\_\_ State Issued \_\_\_\_\_ EXP date \_\_\_\_\_

Federal ID. # \_\_\_\_\_ Date Business Started \_\_\_\_\_

TYPE OF ORGANIZATION: (Please check only one)

Proprietorship Partnership Corporation Other (Please explain) \_\_\_\_\_

Nature of business \_\_\_\_\_

NAMES OF PRINCIPALS:

Table with 4 columns: Name, Title, Home Street Address, Social Security#. Contains 4 rows of blank lines for entry.

Have you personally, or as a principal officer of a business, filed for bankruptcy within the last 5 years? \_\_\_\_\_

Have you ever had an account with this company? \_\_\_\_\_ If so, when \_\_\_\_\_

Please indicate if purchases are taxable or non-taxable:

- Taxable - will pay sales tax on all taxable purchases
Non-taxable - Please enclose a completed Sales Tax Exemption Certificate.
(If you do not provide us with a valid, complete certificate, tax must be charged.)

I (WE) HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL, TO THE BEST OF OUR KNOWLEDGE AND THAT YOU WILL BE ADVISED IN THE FUTURE IF THERE ARE ANY CHANGES. FURTHER, I (WE) AGREE TO PAY ALL DEBTS UPON RECEIPT OF ALL GOODS ORDERED.

For: \_\_\_\_\_ (Business Name)

By: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security # \_\_\_\_\_