



CREDIT APPLICATION GUARANTEE FORM | UNSIGNED & INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For the purpose of obtaining merchandise on credit, we submit the following information. We understand this information will be kept strictly confidential. We authorize the release of all pertinent financial and credit information by the listed financial and trade references, and we release, discharge and exonerate HVAC Distributors, Inc., dba HVAC Distributors Group, dba HVAC Commercial Solutions and GBG (collectively referred to as "HVAC"), its agents and representatives, and any party, company or agency which is contacted by HVAC in investigating the credit worthiness of the undersigned.

APPLICANT	FULL LEGAL NAME _____ YRS IN BUSINESS _____
	DBA OR T/A _____ <i>(if different from above)</i>
	STREET ADDRESS _____
	CITY _____ STATE & ZIP _____
	PHONE _____ FAX _____

MAIN CONTACT	CONTACT NAME _____
	EMAIL _____ PHONE _____

COMPANY INFORMATION	ANNUAL HVAC PURCHASES \$ _____	TAX EXEMPT? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach copy of tax exempt form</i>
	HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> No <input type="checkbox"/> Yes	DO YOU HAVE ANY PENDING LAWSUITS? <input type="checkbox"/> No <input type="checkbox"/> Yes
	FORM OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	PREMISES OWNED OR LEASED? <input type="checkbox"/> Own <input type="checkbox"/> Lease
	# OF EMPLOYEES _____	
	BUSINESS TYPE <input type="checkbox"/> Contractor <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Facility/School	
	BUSINESS EMPHASIS (select all that apply) <input type="checkbox"/> Res New Const <input type="checkbox"/> Res Replacement <input type="checkbox"/> Commercial	

NAMES OF OFFICERS, PARTNERS AND/OR SOLE PROPRIETOR	NAME 1 _____ SOCIAL SECURITY # _____
	TITLE _____ HOME PHONE _____
	HOME ADDRESS _____
	NAME 2 _____ SOCIAL SECURITY # _____
	TITLE _____ HOME PHONE _____
	HOME ADDRESS _____

TYPE OF ACCOUNT REQUESTED <input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Open Account
ARE PURCHASE ORDERS REQUIRED? <input type="checkbox"/> No <input type="checkbox"/> Yes
PROJECTED ANNUAL PURCHASES FROM HVAC* \$ _____
PRODUCT(S) OF INTEREST _____
CREDIT LINE REQUESTED \$ _____

* Accounts committing to annual purchases of less than \$25,000 will be subject to delivery and handling charges.

NAME OF LICENSED HVAC TECHNICIAN (ATTACH COPY OF CERTIFICATION)	
NAME _____	CERTIFICATION # _____

BANK REFERENCE	BANK NAME & BRANCH _____	LOAN OFFICER CONTACT _____
	STREET ADDRESS _____	
	CITY _____ STATE & ZIP _____	
	ACCT # _____ PHONE _____	FAX _____



TRADE REFERENCES	TRADE REFERENCE 1	_____	ACCT #	_____
	STREET ADDRESS	_____		
	CITY	_____	STATE & ZIP	_____
	PHONE	_____	FAX	_____
	TRADE REFERENCE 2	_____	ACCT #	_____
	STREET ADDRESS	_____		
	CITY	_____	STATE & ZIP	_____
	PHONE	_____	FAX	_____
	TRADE REFERENCE 3	_____	ACCT #	_____
	STREET ADDRESS	_____		
	CITY	_____	STATE & ZIP	_____
	PHONE	_____	FAX	_____

With the granting of the extension of credit, applicant agrees to pay all invoices within the terms of sale printed upon each invoice HVAC Distributors, Inc., dba HVAC Distributors Group, dba HVAC Commercial Solutions, and GBG (collectively referred to as "HVAC"), reserves complete discretion concerning all extensions of credit and shall have the right at any time to refuse to extend credit to applicant. A service charge of 1-1/2% per month, equal to an annual percentage rate of 18%, will be charged on bills remaining unpaid after the 30th of the month following the month of purchase, and I/we agree to pay such charges. Applicant hereby grants to HVAC a security interest in all goods sold by HVAC to Applicant, on open account pursuant to a written or oral contract, to secure the prompt and full payment of any and all accounts now or at anytime hereafter owing by Applicant to so long as any balance remains owing from Applicant, HVAC shall have all rights of an unpaid secured creditor under the Pennsylvania Uniform Commercial Code and all other rights and remedies available at law or in equity. An account will be considered in default after any portion remains unpaid for 90 days. This Credit Application and Agreement and any subsequent contract of sale between HVAC and Applicant, shall be deemed to have been entered into at the home office of HVAC in Mount Joy, Lancaster County, Pennsylvania. Applicant acknowledges and consents to the exercise of jurisdiction by the Court of Common Pleas of the Commonwealth of Pennsylvania. Applicant further agrees that venue for any lawsuit brought by Applicant, its successors or assigns against HVAC for whatever reason, or any lawsuit brought by HVAC against Applicant, its successors or assigns, shall lie exclusively in the Court of Common Pleas of Lancaster County, Pennsylvania. In the event that Applicant's account is referred to an attorney or collection agency for collection, Applicant agrees that HVAC shall be entitled to collect, in addition to principal and accrued finance charges, a fee of twenty percent (20%) for collection added, plus out-of-pocket costs and expenses. This Credit Application and Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania. The undersigned, intending to be legally bound, hereby executes this Credit Application and Agreement, and, if signing on behalf of a corporation or partnership, warrants that the undersigned has the express authority to do so on behalf of the Applicant, and the undersigned authorized representative of the purchaser intending to be legally bound hereby affirms that he/she has read and agrees to the terms of this agreement and that the information provided is true and correct.

APPLICATION MUST BE SIGNED & DATED | UNSIGNED & INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

SIGNED _____	PRINTED NAME _____
TITLE _____	DATE _____

PERSONAL GUARANTEE

In consideration for the extension of credit to the company/partnership/individual applying for credit, I/we do jointly and severally personally guarantee to be directly liable for payment of any and all invoices, accounts, and any interest or attorney fees resulting from the account being considered in default. This shall be a continuing personal guarantee which shall continue in full force and effect until the account is paid in full and shall not be affected by any extension of time or modifications to this agreement with or without my/our consent.

GUARANTOR 1 _____	DATE _____
GUARANTOR 2 _____	DATE _____
BANK _____	ACCOUNT NUMBER _____



HVAC Distributors, Inc.
dba HVAC Distributors Group
dba HVAC Commercial Solutions
dba GBG

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TF 800.228.4822 | www.hvacdist.com

CREDIT INVESTIGATION AUTHORIZATION LETTER

To Whom It May Concern:

I hereby give my permission and authorization for the release of credit and banking information to HVAC Distributors, Inc., dba HVAC Distributors Group, dba HVAC Commercial Solutions, dba GBG.

This authorization is valid for both business and personal credit and banking purposes.

SIGNED _____ DATE _____
PRINTED NAME _____

SIGNED _____ DATE _____
PRINTED NAME _____