



Application for Credit

BUSINESS INFORMATION

Legal Company Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Telephone # _____ Fax # _____

Type of Business Sole Proprietor Partnership Corporation LLC*

If incorporated or LLC, in what state(s)? _____ Year _____ Federal ID# _____

***NOTE: IF LLC, ATTACH A COPY OF YOUR ARTICLE OF OPERATIONS**

Principals/Officers:

| Title | Name | City/State | Social Security# | Date of Birth | Phone | Insolvency* |
|-------|------|------------|------------------|---------------|-------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Has a personal and/or corporate bankruptcy ever been filed? _____

Accounts Payable Contact _____ Direct Phone# _____

Purchasing Contact _____ Direct Phone# _____

Purchasing Contact's email address _____

Will You Pay State & Local Taxes? YES NO

NOTE: IF TAX-EXEMPT, YOU MUST ATTACH A COPY OF YOUR EXEMPTION CERTIFICATE.

HOW WOULD YOU PREFER TO RECEIVE YOUR INVOICES AND STATEMENTS?

Email provide email address _____

Fax provide fax number _____

Credit Line Requested \$ _____ Approx. Annual Sales \$ _____

NOTE: A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT IS REQUIRED.

Are Purchase Order Numbers Required? YES NO

Please attach a list of all persons allowed to purchase on this acct

STATE CONTRACTORS LICENSE NUMBERS

Plumbing License Number _____ Ohio _____ Kentucky _____

HVAC License Number _____ Ohio _____ Kentucky _____

EMPLOYEE REFRIGERANT HANDLING CERTIFICATE

Certificate # _____ Employee Name _____ (attach certificate)

*Copy of certificate is required to purchase equipment and/or refrigerant

Company Name: _____

BANK REFERENCE

Bank Name _____ Branch _____
Address _____ Acct. No. _____
Person to Contact _____ Phone# _____

REFERENCES

- 1. Company Name _____ Fax Number _____
City _____ State _____ Zip _____ Phone# _____ Acct# _____
- 2. Company Name _____ Fax Number _____
City _____ State _____ Zip _____ Phone# _____ Acct# _____
- 3. Company Name _____ Fax Number _____
City _____ State _____ Zip _____ Phone# _____ Acct# _____

TERMS OF SALE

- 1. Standard terms: Net 10th prox.
- 2. An account 60 days past due may result in being placed on a cash only basis and will not be reopened until all items and service charges have been paid.
- 3. All past due balances are subject to a service charge of 2% per month. Accounts that are turned over for collection are required to pay all collection costs incurred by Carr Supply Co.
- 4. A returned check charge of \$30.00 will be imposed and the account placed on a cash only basis until all items and fees are paid.
- 5. If, in our judgement, we feel that for our mutual protection it is advisable to exercise lien rights, this should not be construed as a derogatory action.

WE, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE TERMS OF SALE DESCRIBED ABOVE. WE CERTIFY THAT ALL INFORMATION ON THIS CREDIT APPLICATION IS TRUE AND CORRECT.

COMPANY NAME _____

SIGNATURE _____ TITLE _____ DATE _____

PRINTED NAME _____

SIGNATURE _____ TITLE _____ DATE _____

PRINTED NAME _____

RETURN THIS APPLICATION VIA MAIL, FAX OR EMAIL TO:
CARR SUPPLY CO
1415 OLD LEONARD AVE.
COLUMBUS, OH 43219
FAX: 614-251-1508
EMAIL: chuckmadison@carrsupply.com

Questionnaire
Please mark all that apply

1. What industry do you provide service for?
 - a. Plumbing
 - b. HVAC
 - c. Water Systems/Pumps

2. Are you in
 - a. New Build
 - b. Renovations
 - c. Maintenance
 - d. Designing

3. Which location are you most likely to visit
 - a. Columbus
 - b. Athens
 - c. Washington Courthouse
 - d. Lancaster
 - e. Mount Vernon
 - f. Delaware
 - g. Chillicothe
 - h. Dayton
 - i. Greenville
 - j. Marion
 - k. Monroe
 - l. Springfield
 - m. Erlanger
 - n. Lima
 - o. Marietta
 - p. Xenia

4. Do you know the name of the salesman who gave you this Credit Application

5. If you have a company contact list with names, addresses and emails, please include with your credit application.

This is in an effort that we might better assist you in your needs.

Thank You,
Carr Supply Staff