

# CREDIT APPLICATION Mail to: 1625 Hylton Road, Pennsauken, NJ 08110



www.arisupply.com

- 2 Pine Oak Lane, Suite 300 • Cherry Hill, NJ 08003 • (856) 281-2395 • Fax (856) 751-1010
- 1101 Black Horse Pike • Glendora, NJ 08029 • (856) 939-0588 • Fax (856) 939-5617
- 1625 Hylton Road • Pennsauken, NJ 08110 • (856) 663-7640 • Fax (856) 663-8964
- 825 Mill Road, Unit 8 • Pleasantville, NJ 08232 • (609) 646-3988 • Fax (609) 646-1383
- 2903 Southampton Road • Philadelphia, PA 19154 • (215) 698-9600 • Fax (215) 698-1038
- 4700 B Wissahickon Avenue • Philadelphia, PA 19144 • (267) 331-4160 • Fax (215) 438-6285
- 200 Henderson Drive • Sharon Hill, PA 19079 • (610) 583-8800 • Fax (610) 583-8808

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Preferred method of receiving invoices:  Email  Fax **Statement Required**  Yes  No

Contractors License # \_\_\_\_\_

### List below the name of Officers, Partners, and/or Sole Owner:

Name	Home Address	Telephone #	Title	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Trade References: *(Name, Address, Telephone & Acct #'s Must Be Completed)*

1. Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Acct #: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Acct #: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Acct #: \_\_\_\_\_

### Bank Reference: *(Account Number Must Be Furnished)*

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

**Please Check the Appropriate Box**

- Corporation
- Partnership
- Proprietorship
- Contractor
- Industrial
- Other \_\_\_\_\_

Business Operated Under Present Ownership Since \_\_\_\_\_

How many Servicemen Do You Employ? \_\_\_\_\_

Person to Contact Regarding : Purchases: \_\_\_\_\_

Payments: \_\_\_\_\_

**IF TAX EXEMPT PLEASE ATTACH A SIGNED TAX EXEMPTION CERTIFICATE**

Sales Tax Status:  Not Exempt  Exempt # \_\_\_\_\_

Purchase Order:  Not Required  Required

**Refrigerant Handling Certificate** ( Send copy of certificate with application)

Certificate # \_\_\_\_\_ Employee Name \_\_\_\_\_

Certificate # \_\_\_\_\_ Employee Name \_\_\_\_\_

**THE FOLLOWING TERMS OF SALE ARE AGREED TO AND ACCEPTED:**

1. Terms are Net 30 from the date of the invoice.
2. Any invoice not paid with in its terms, there shall be added thereto, a late charge at the rate of 2% per month or the maximum rate permitted by law if less than 2% per month on the unpaid balance for each month, or fraction of a month, that such balance remains unpaid.
3. In the event of default in payment, and your account is placed with a collection agency or attorney, the undersigned agree to pay all costs incurred in collection together with Attorney's fees.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONAL GUARANTEE**

The undersigned, jointly, severally and personally, in consideration of Associate Refrigeration, Inc. (ARI) extending credit to the applicant, do hereby agree to pay for all goods sold to applicant, and in the event of default, by applicant, ARI shall be entitled to look to the undersigned for payment without prior demand or notice and without first having attempted to collect from the applicant. In the event ARI engages the services of an attorney to collect any sum of money due hereunder, or to enforce or defend our rights hereunder, ARI shall be entitled to collect reasonable attorney' s fees from the undersigned. The liability of the undersigned shall not be affected by any extensions or indulgences granted the applicant, or by releasing or surrendering any security given by the applicant. The undersigned agree to give ARI written notice by Certified Mail in the event of any change in the ownership of applicant's business or the form of applicant's business organization.

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

Signature: \_\_\_\_\_