

Cash Account Application for HVAC Contractors Only



Fax or Mail Request to:
Credit Manager, 2J Supply Co. Inc.
1456 N. Keowee St., Dayton OH 45404-1103
Fax: (937) 223-0812 **Phone:** (800) 228-1325
Email: AR@2-jsupply.com

ONLINE ORDERING

You will automatically be set up with an account

Contact Name _____

Contact Email _____

You will receive email notification once approved

General Information

Please answer all questions fully. All information acquired is confidential.

Company Name _____ Owner Name _____

Mailing Address _____

If mailing address is PO Box, we must have physical address of business _____

City, State, Zip _____ Phone _____

Fax _____ Cell _____

Email Address _____ Date Business Established _____

Federal ID # _____ OR Social Security # _____

Corporation Partnership Proprietorship Limited Partnership Limited Liability Company

Tax Exempt **Yes** **No** **If yes, tax-exempt form must be attached**

List of current trade licenses _____

Account will not be processed without providing the information requested below:

Copy of Liability Insurance attached Copy of CFC/EPA attached Copy of Driver's License attached

If you are intending to pay with a check, please provide the following:

Name of Bank _____ Branch Address _____

Type of Account: Business Personal Checking/ATM Savings

Account # _____

Are purchase numbers or job names required Yes No

It is agreed that the buyer will pay all invoices in accordance with stated terms. Interest will be assessed on delinquent invoices at the rate of 2% per month, (24%apr) together with any court costs, attorney's fees and cost of collection the seller may incur in enforcing the terms of the agreement.

**Signature
Required**

Applicant Signature _____

Print Name _____