Application for credit in the Commonwealth of Kentucky



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 <u>all</u> ques	tions fully. All informatio	n acquired is confic	lential.		
Company Name _					
Mailing Address _					
City, State, Zip			F	Phone	
Fax		Cell			
Email Address	Email for invoices				
Date business establi	ished Fe	deral ID #		_ Social Security #	
Corporation	Partnership	Proprie	etorship	Limited Partnership	Limited Liability Company
Tax Exempt	Yes	No	lf yes, tax-	exempt form mu	st be <u>attached</u>
List of current trade li	icenses				
Account will not be	processed without p	roviding the info	ormation reque	sted below:	
Copy of Liability Insur	rance <u>attached</u>	Copy of CFC/E	EPA attached	Copy of Driver	s License <u>attached</u>
If incorporated or LLC	, in what state?				
Has a personal and/o	r corporate bankruptcy	v ever been filed?			
ls your building lease	d or purchase?	Leased	Own/Purchased	Monthly amount of	rent/mortgage
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Title	Residence Address	Home Phone #
	Title	Title Residence Address Image: Constraint of the second

References (HVAC Suppliers Preferred)				
Supplier Name	Address	Phone/Fax #	Type of Account	
Are purchase numbers or job r	names required Yes	No		

Credit Account Application for HVAC Contractors Only

Bank References

Name of Bank	_ Address/Branch		
City/State	_ Bank Phone Number (include area code)		
Checking Account Number	Savings Account Number		
Bank Representative			
Release Statement			

We do authorize release of any and all credit information regarding us personally or as a company to 2J Supply Co. Inc.

Signature	Applicant Signature	Date
Required	Applicant Signature	Date

Terms & Conditions of Sale

TERMS OF PAYMENT: It is agreed all invoices will be paid within terms and any invoice not paid within terms shall be considered past due and shall be charged 2% interest per month on the unpaid balance. In the event of any default in payment, Purchaser shall pay all attorney fees or collection costs equal to 25% of the remaining balance, which the parties agree are reasonable, whether or not litigation is initiated.

JURISDICTION AND VENUE: In the event of litigation, the parties agree that exclusive jurisdiction and venue shall be in the Montgomery County Circuit Court In the State of Ohio, where the contract between the parties has been accepted and where payments on account are to be made.

Signature	Applicant Signature	Date
Required	Applicant Signature	Date

Individual Guaranty

The undersigned Guarantor(s) requests 2-J Supply Co. Inc. to extend credit to the above referenced entity identified in the "terms and conditions of sale" section. In consideration for such credit, the undersigned agrees as follows:

A. The term "Obligations" includes all obligations of Debtor to 2-J Supply Co. Inc. when incurred, regardless of the obligation, whether existing on the date of this Guaranty or arising hereafter.

B. Guarantor hereby unconditionally and irrevocably guarantees payment of all Obligations of Debt to 2-J Supply Co. Inc. plus all interest, cost, attorney fee's and other expenses in the collection of any Obligations guaranteed hereby or in the enforcement of this Guaranty, except that the maximum Aggregate liability of the Guarantor un the Guaranty shall be limited to Dollars (\$_____), exclusive of interest, cost, attorneys' fees, and other expenses incurred in the collection or enforcement of this Guaranty.

C. This Guaranty shall terminate on ______ or upon receipt of Guarantor's written notice of the termination shall not effect for obligations incurred prior to such date or extensions or renewals of, interest accruing on, or fees, or expenses incurred with respect to such Obligations on or after such date.

Signature Required	Guarantor	Guarantor
	Name as above printed	Name as above printed
		Home Address
	Home Phone #	Home Phone #
	Social Security #	Social Security #
FOR INTERNAL	ISE ONLY: Branch #	Salesnerson