

171 East Hollis Street  
Nashua, NH 03060-6319  
Phone: 1-800-370-0100



875 Page Street  
Manchester, NH 03104  
Fax: (603) 889-7308

Monday - Friday 6:30 A.M. to 5 P.M. • Saturday 7:30 A.M. to 11 A.M.

**FOR OFFICE USE ONLY**  
APP GIVEN BY \_\_\_\_\_  
CREDIT LIMIT \_\_\_\_\_

# APPLICATION FOR CREDIT

COMPANY NAME \_\_\_\_\_

**SHIPPING ADDRESS:**  
\_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY  
\_\_\_\_\_  
STATE ZIP  
**BILLING ADDRESS** (if different):  
\_\_\_\_\_  
MAILING ADDRESS  
\_\_\_\_\_  
CITY  
\_\_\_\_\_  
STATE ZIP

PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
HOW LONG IN BUSINESS? \_\_\_\_\_  
Monthly \$ Credit Requested \_\_\_\_\_  PO REQUIRED  
 Sole Proprietorship  Partnership  Corporation  
 TAX EXEMPT – *Attach Certificate Copy (ST4)*  
 EPA CERTIFIED – *Attach Copy of Approved Card*  
**Invoices To Be Sent (check one):**  
 Weekly Mail  Daily Fax \_\_\_\_\_  
 Daily E-Mail \_\_\_\_\_

**REFERENCES – BANK** (checking account)  
Name Address Account Number

**REFERENCES – TRADE**  
Name Branch Town, State Account Number Phone Number

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:  
1. Terms: 1% – 10th Net 30th. (A) 1% discount will be allowed on invoices if paid by the 10th of the following months. (B) Net 30th – Invoices **MUST BE PAID** by the 30th of the month following purchase.  
2. There will be a 2% per month finance charge (25% per annum) on any outstanding amounts due over 30 days. This rate will continue to accrue during the pendency of any litigation or collection efforts until paid in full.  
3. I (we) guarantee payment of any debts thus contracted.  
4. The applicant hereby agrees to pay the cost of collection, including attorney's fees and court costs, in the event such collection measures are necessary.  
5. I (we) authorize my bank(s) stated above to provide information for credit purposes.  
6. The terms of this Credit Application shall supersede any terms established on any purchase orders provided by you, the customer.  
7. The above information is for the purpose of obtaining credit and is warranted to be true.

BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

171 East Hollis Street  
Nashua, NH 03060-6319  
Phone: 1-800-370-0100



875 Page Street  
Manchester, NH 03104  
Fax: (603) 889-7308

**FOR ALL YOUR HEATING & COOLING NEEDS**

**PRINCIPAL(S):**

Individual Name	Home Address, City, State, Zip	Social Security #	Date of Birth
Individual Name	Home Address, City, State, Zip	Social Security #	Date of Birth
Individual Name	Home Address, City, State, Zip	Social Security #	Date of Birth

CONTACT PERSON: SALES \_\_\_\_\_ ACCOUNTS PAYABLE \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? \_\_\_\_\_ PERSONAL OR BUSINESS? \_\_\_\_\_ WHEN? \_\_\_\_\_

**CONTINUING GUARANTEE**

WHEREAS, TOTAL AIR SUPPLY, INC. has been asked by \_\_\_\_\_  
(herein after referred to as Debtor Business) to extend credit to it and \_\_\_\_\_  
(Debtor Business)

WHEREAS, the said TOTAL AIR SUPPLY, INC. is willing to extend such credit only on the condition that the Guarantor will guarantee payment of any debts thus contracted by the said Debtor Business.

WHEREAS, the undersigned Guarantor is a principal of Debtor Business.

NOW, THEREFORE, for value received, the Guarantor, jointly, severally and individually does hereby guarantee full payment of any debts that may be incurred in favor of TOTAL AIR SUPPLY, INC. by Debtor Business now or any time in the future.

This Guarantee shall be construed as an absolute, continuing and unlimited guarantee of payment without regard to the regularity of any liability or obligation of said Debtor Business hereby guaranteed; and the said

TOTAL AIR SUPPLY, INC. shall not required to proceed first against the said Debtor Business or any other person, firm or corporation or against any collateral security held by him before resorting to the Guarantor for payment.

TOTAL AIR SUPPLY, INC. terms of sale are 1% – 10th Net 30th. Past due accounts will be subject to a finance charge of 2% per month (24% annually). Interest shall continue to accrue at the above stated rate during the pendency of any litigation or collection efforts until paid in full

In the event of necessary legal action to collect outstanding and delinquent debts due TOTAL AIR SUPPLY, INC., I fully agree to assume and pay the full amount of the debt plus any and all reasonable legal fees and all collection fees.

This Guarantee shall supersede any terms established on any purchase orders provided by you, the debtor Business.

This Guarantee shall also apply to all outstanding obligations of the debtor incurred prior to the date indicated below.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Guarantor's Personal Signature)

Signed \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Guarantor's Personal Signature)

Signed \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Spouse's Personal Signature)

**171 East Hollis Street  
Nashua, NH 03060**



**875 Page Street  
Manchester, NH 03104**

Interviewed By \_\_\_\_\_  
Date \_\_\_\_\_

Account # \_\_\_\_\_  
Date Opened \_\_\_\_\_  
Opened By \_\_\_\_\_

**CUSTOMER PROFILE**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Your Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Company Owner's Name \_\_\_\_\_  
Sales Contact Name \_\_\_\_\_ Estimators Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
How did you hear about Total Air Supply? \_\_\_\_\_  
What will you be looking to purchase from us? \_\_\_\_\_  
Who do you currently purchase from? \_\_\_\_\_  
Why? \_\_\_\_\_  
Previous Employer (if applicable) \_\_\_\_\_

**BUSINESS PROFILE**

How long has the company been in business? \_\_\_\_\_  
Estimated annual purchases: \_\_\_\_\_ Estimate percentage of business:

Residential	_____%	Gas	_____%
Commercial	_____%	Oil	_____%
Retro	_____%		<b>100%</b>
Service	_____%		<b>100%</b>

Are you EPA certified?  YES  NO License # \_\_\_\_\_ (provide copies)  
Are you gas licensed?  YES  NO License # \_\_\_\_\_ (provide copies)  
What current line of equipment do you install? \_\_\_\_\_  
Do you buy and install square commercial duct? \_\_\_\_\_  
Do you buy and install spiral pipe? \_\_\_\_\_  
Who is your current supplier of shopwork? \_\_\_\_\_

**\*\*\*\* OFFICE USE ONLY \*\*\*\***

- |  |   |
|--|---|
| <input type="checkbox"/> Manchester Store                          | <input type="checkbox"/> Hours of Operation                     |
| <input type="checkbox"/> Delivery Options, to their shop, job site | <input type="checkbox"/> 24 hour fax line                       |
| <input type="checkbox"/> Add to our mailing list? ___ YES ___ NO   | <input type="checkbox"/> Add to our e-mail list? ___ YES ___ NO |