TOTAL AIR SUPPLY
Right Products. Right Now.™

FOR OFFICE USE ONLY
Approval given by: _____
Credit limit: _____

APPLICATION FOR CREDIT

PHONE: (800) 370-0100 • FAX: (603) 889-7308

875 Page St., Manchester, NH 03104
Mon-Fri: 6:30 a.m.-5 p.m.

1 B St., Derry, NH 03038
Mon-Fri: 7 a.m.-5 p.m.

171 East Hollis St., Nashua, NH 03060
Mon-Fri: 6:30 a.m.-5 p.m.

Company Name _____

SHIPPING ADDRESS

_____
Street Address

_____
City

_____
State **Zip Code**

BILLING ADDRESS *(if different)*

_____
Mailing Address

_____
City

_____
State **Zip Code**

Phone _____

Fax _____

Email _____

How long has the company been 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 _____

☐ Email _____

REFERENCES – BANK *(checking account)*

Name	**Address**	**Account Number**

REFERENCES – TRADE

Name	**Branch Location, State**	**Account Number**	**Phone Number**

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TERMS AND CONDITIONS

OUR STANDARD TERMS ARE NET 30 DAYS.
UPON APPROVAL OF THE APPLICATION, TOTAL AIR SUPPLY ("SELLER") AGREES TO DELIVER MERCHANDISE TO THE ABOVE COMPANY. IN RETURN FOR SAID CREDIT, APPLICANT AGREES TO PAY ALL VALID CHARGES, INCLUDING APPLICABLE STATE TAX. IF APPLICANT IS IN DEFAULT FOR NON-PAYMENT, ALONG WITH OTHER LEGAL REMEDIES, APPLICANT AUTHORIZES SELLER TO REPOSESS WITHOUT NOTICE ANY GOODS OR MATERIALS WHERE PAYMENT IS OUTSTANDING, AS WELL AS ANY OTHER INVENTORIES PURCHASED THROUGH SELLER. APPLICANT ALSO AGREES TO PAY ALL COSTS INCURRED IN THE COLLECTIONS OF ANY BALANCE DUE, INCLUDING, BUT NOT LIMITED TO REASONABLE ATTORNEY'S FEES, WHETHER LITIGATED OR NOT, INCLUDING INTEREST AT THE RATE OF 1.5% PER MONTH FROM DATE OF INVOICE. APPLICANT AGREES TO ALLOW TOTAL AIR SUPPLY THE RIGHT TO OBTAIN CREDIT INFORMATION ON THE COMPANY AND/OR ITS PRINCIPALS.

INDEMNITY: APPLICANT AGREES TO INDEMNIFY AND HOLD HARMLESS, TOTAL AIR SUPPLY FROM ANY AND ALL LIABILITIES OR DAMAGES INCURED BECAUSE OF ANY GOODS, WARES, MATERIALS, OR SERVICES PROVIDED. ALL SERVICES ARE TO BE SUPERVISED AND/OR REVIEWED BY A QUALIFIED MECHANICAL CONTRACTOR AND/OR MECHANICAL ENGINEER.

RETURNED CHECKS: ANY CHECKS RETURNED FOR NON-SUFFICIENT FUNDS SHALL BE CHARGED $25.00 PER CHECK/PER RETURN.

SECURITY: APPLICANT HEREBY GRANTS TOTAL AIR SUPPLY A PURCHASE MONEY SECURITY INTEREST IN ALL INVENTORY, GOODS, AND MATERIALS, UNTIL PAYMENT IN FULL HAS BEEN RECEIVED FOR SUCH GOODS AND MATERIALS.

VENUE: ALL DISPUTES SHALL BE LITIGATED EXCLUSIVELY IN STATE OR FEDERAL COURTS IN THE STATE OF NEW HAMPSHIRE, OR MASSACHUSETTS, TO BE DETERMINED AT THE SOLE DISCRETION OF TOTAL AIR SUPPLY.

DELIVERY CHARGES: ANY PURCHASE DELIVERED BY TOTAL AIR SUPPLY SHALL INCUR A DELIVERY CHARGE OF $12.50

SERVICE CHARGES: ANY PURCHASES REMAINING UNPAID AFTER THE PAYMENT TERMS AS STATED ON THE INVOICE WILL ACCRUE INTEREST OF 1.5% PER MONTH FROM DATE OF THE INVOICE (OR MAXIMUM AS ALLOWED BY LAW.)

RETURNED MATERIAL: A RETURN AUTHORIZATION IS REQUIRED FOR ALL RETURNS.
RETURNS AFTER A PERIOD OF 60 DAYS WILL NOT BE ACCEPTED BACK FOR CREDIT. ALL MATERIALS RETURNED FOR CREDIT MUST BE IN NEW CONDITION, IN ORIGINAL PACKAGING, AND ACCOMPANIED BY A COPY OF THE ORIGINAL INVOICE, OR BY THE ORDER NUMBER ON WHICH TOTAL AIR SUPPLY ORIGINALLY BILLED FOR THE MATERIALS.

ALL RETURNS WILL BE SUBJECT TO A 20% RESTOCKING CHARGE.

NO RETURN AUTHORIZATION WILL BE GIVEN FOR SPECIAL ORDER ITEMS, OR MATERIALS FABRICATED IN OUR SHEET METAL SHOP.

IF MATERIAL IS A SPECIAL ORDER OR NON-STOCK ITEM, AND MUST BE RETURNED TO THE MANUFACTURER, TOTAL AIR SUPPLY WILL ISSUE CREDIT ONLY UPON OUR RECEIPT OF MANUFACTURER'S CREDIT, ABIDING BY THE MANUFACTURER'S RETURN POLICIES.

CREDIT CARD PAYMENTS: TOTAL AIR SUPPLY'S POLICY IS TO NOT ACCEPT CREDIT CARDS FOR PAYMENTS TOWARDS MATERIAL BILLED TO YOUR ACCOUNT. HOWEVER, THERE MAY BE TIMES WHEN WE WILL ACCEPT THIS FORM OF PAYMENT. IF YOU CHOOSE TO PAY BY CREDIT CARD, NO DISCOUNTS WILL BE OFFERED, AND A PROCESSING FEE EQUAL TO 3% OF THE AMOUNT BEING PAID WILL BE ADDED TO THE TRANSACTION, OR INVOICED TO APPLICANT'S ACCOUNT.

MAINTENANCE FEES: ACCOUNTS MAINTAINING A CREDIT BALANCE FOR 90 DAYS OR MORE SHALL INCUR AN ACCOUNT MAINTENANCE FEE OF $10.00 PER MONTH.

SIGNATURE: _____ COMPANY: _____

PERSONAL GUARANTEE

* MUST BE SIGNED IF LESS THAN FIVE YEARS TIME IN BUSINESS, OR IF YOU ARE A SOLE PROPRIETORSHIP *

WE (I), _____ PERSONALLY, INDIVIDUALLY, AND SEVERALLY GUARANTEE TOTAL AIR SUPPLY ANY AND ALL MONIES DUE FOR ANY AND ALL GOODS, WARES, SERVICES, OR MERCHANDISE OBTAINED EITHER DIRECTLY BY MYSELF OR AS A RESULT OF THE REQUEST OF SOMEONE ACTING ON MY BEHALF. THIS IS AN ONGOING AND CONTINUOUS GUARANTEE AND IS ONLY REVOCABLE IN WRITING BY THE GUARANTOR. REVOCATION OF THIS GUARANTEE MUST BE MADE IN WRITING AND RECEIVED BY REGISTERED OR CERTIFIED MAIL ADDRESSED TO TOTAL AIR SUPPLY, ATTENTION: CREDIT MANAGER. REVOCATION OF THIS GUARANTEE DOES NOT RELIEVE GUARANTOR OF ANY OBLIGATION PRIOR TO THE DATE SUCH NOTICE WAS RECEIVED.
I AUTHORIZE TOTAL AIR SUPPLY TO OBTAIN COPIES OF MY PERSONAL CREDIT REPORT FOR THE PURPOSE OF MAKING A DETERMINATION OF CREDIT WORTHINESS NOW, AS WELL AS TO MAKE PERIODIC CREDIT REVIEWS FROM TIME TO TIME AS NEEDED.

_____	_____	_____	_____
SIGNATURE	DATE	SIGNATURE	DATE
_____		_____	
PRINTED NAME		PRINTED NAME	

* * TO BE SIGNED BY PRINCIPAL(S) OF COMPANY * *

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COMPANY PROFILE

Please fill out the following information for us to better serve you.

Company name: _____ **TSM:** _____

Established: _____ **Phone:** _____

Service area: _____ **Website:** _____

Address: _____ **City:** _____

State/ZIP: _____

Who is your primary unitary OEM line? 1. _____ 2. _____

Who is your primary ductless OEM? 1. _____ 2. _____

Business Mix (%):

HVAC _____ Refrigeration _____ Hydronics _____ PLG _____ Residential _____ Commercial _____

Replacement _____ New Construction _____

Organization:

Number of employees: _____ Number of service trucks: _____

Number of service techs: _____ Number of install techs: _____

Key Contacts:

President: _____ **Vice President:** _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

General Manager: _____ **Shop/Service:** _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Sales Manager: _____ **Service Manager:** _____

Cell#: _____ Cell #: _____

Email: _____ Email: _____

Lead Tech: _____ **Sales:** _____

Cell#: _____ Cell #: _____

Email: _____ Email: _____

Inside: _____

Cell #: _____

Email: _____

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COMPANY PROFILE

Please fill out the following information for us to better serve you.

Customer Service/Sales Approach:

Do you sell service agreements? **Yes** ☐ **No** ☐ Estimated number of service contracts: _____

Are your techs allowed to sell? **Yes** ☐ **No** ☐ Do you offer IAQ? **Yes** ☐ **No** ☐

If so, which ones (Ex: Humidifier) _____

How do you offer? (Ex: Sell Sheets) _____

Do you offer financing? **Yes** ☐ **No** ☐ **Service** ☐ **Install** ☐

Who are your current suppliers other than Total Air Supply?

1. _____ **2.** _____

What makes them your primary supplier?

_____

_____

Do you have any training needs at this time?

_____

_____

What are some of the goals your company is currently working toward?

_____

_____

_____

What is your biggest challenge currently?

_____

_____

_____

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