



EMPLOYEE OWNED ♥ CUSTOMER ORIENTED

## CREDIT APPLICATION

**A minimum annual purchase of \$500 is necessary to maintain an "Open Account"**  
**WE DO NOT FURNISH STATEMENTS**

**Allow 3 weeks for processing**

**Branch** \_\_\_\_\_

**PO Box 547667, ORLANDO, FL 32854-7667 PHONE: (407) 898-3456 FAX: (407) 898-7316**

For the purpose of establishing credit accommodations, or for updating credit information.

Applicant's Business Name		Phone No. (include area code)	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Type of Business: <input type="checkbox"/> HVAC <input type="checkbox"/> Property Management <input type="checkbox"/> Industrial <input type="checkbox"/> Govt. Inst. <input type="checkbox"/> Plumber Contractor <input type="checkbox"/> Gas Dealer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Mechanical Contractor <input type="checkbox"/> Other (specify) _____		Date Business Started	Fax No. (include area code)
Check One: <input type="checkbox"/> LLC <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership (list partners) <input type="checkbox"/> Corporation (list officers)		If a Corporation, under what state? _____ Date Incorporated Federal Tax No.	

Parent Company, Subsidiaries, Affiliates, etc. \_\_\_\_\_

PRINCIPAL'S INFORMATION		
Principal's name (please type or print) _____	Street Address _____	Home Phone No. _____
Title _____	City State Zip _____	– Social Security Number _____
Principal's name (please type or print) _____	Street Address _____	Home Phone No. _____
Title _____	City State Zip _____	– Social Security Number _____
Principal's name (please type or print) _____	Street Address _____	Home Phone No. _____
Title _____	City State Zip _____	– Social Security Number _____

If you have been in business less than 3 years, please list any prior companies that were either owned or operated by your principal officers or owners: \_\_\_\_\_

If your company is authorized to resell our products or is tax exempt, please attach the resale or tax exempt certificate.  
Have you ever applied for or been extended credit at Tempaco?  Yes  No If yes under what name? \_\_\_\_\_

<b>PURCHASES</b> What is your estimate of monthly purchases from Tempaco? \$ _____	If a contractor, do you buy material on a job basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you supply information for preliminary job notices? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are purchase orders required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Unless otherwise stated below, all employees are authorized to purchase material in our company name:  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE REVERSE SIDE**

**CREDIT REFERENCES**

Name	Phone (    )	Fax (    )	
Address	City	State	Zip
Name	Phone (    )	Fax (    )	
Address	City	State	Zip
Name	Phone (    )	Fax (    )	
Address	City	State	Zip
Name of Bank:	Account No.	Type Acct.	
Address	City	State	Zip

**TERMS:** I/WE agree to pay for any merchandise shipped and invoiced on open accounts basis in accordance with the terms established by Tempaco, Inc. No terms or conditions of purchase different from Tempaco's established terms will become part of any sales agreement, purchase order or other document unless specifically approved by Tempaco in writing. Should Applicant default in the payment of its outstanding account, the Company shall be entitled to incur expenses or the costs of collections which amount shall be added to the unpaid balance of the Applicant's account and shall be due and owing from Applicant to the Company.

The undersigned understands that the above information is being submitted for the purpose of obtaining credit, and authorizes investigation of this information.

Signed by \_\_\_\_\_ (Corporate Officer)

**PERSONAL GUARANTY**

I (we) the undersigned, notwithstanding any corporate title which may be indicated, do indicate, do hereby personally guarantee obligations to your company or companies extended as a direct or indirect result of this application for credit and it is hereby specifically agreed that if such account is placed in the hands of an attorney for collection or is collected by suit, collection agency or through probate proceedings, I (we) promise to pay the principal and interest then due plus reasonable attorney's fees and collection costs together with all costs of court. Further, Buyer waives any and all privileges and rights which they may have under Chapter 47, Florida Statutes, relating to venue, as it now exists or may hereafter be amended and under any other applicable statute. Any legal action brought by Seller or Buyer, both agree that any legal action brought to ensure payment or compliances with terms and conditions of sale, shall be brought in the appropriate court in Orange county, Florida.

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_ L.S.

Signed by: \_\_\_\_\_ L.S.

**FOR USE BY TEMPACO CREDIT DEPARTMENT ONLY**

Date Account Approved: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date Account Revised: \_\_\_\_\_ Increased: \_\_\_\_\_ Approved by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_