ABLE DISTRIBUTORS APPLICATION FOR CREDIT

Please type or print. Application must be completed in full to be considered

Business Name_____

Address:_____City:_____State:_____ZIP_____

Phone:_____Fax :_____Email :_____

Accounts Payable Supervisor_____Accounts Payable Phone (if different)_____

Email address/ fax # for invoices/ statements (credit accounts only)_____

How many years in business:_____ Number of Employees _____   Credit Request $_____

Type of Business: Corporation____ Partnership_____ Proprietorship_____

Sale tax exempt: no_____ yes_____ Tax exempt no_____(please include a copy of your resale certificate)

Certified for Freon: no_____ Yes_____ (please include the certification card for **all** employees eligible to purchase Freon 22)

Name of owner(s):_____**Home address:**_____

City:_____State:_____ Zip:_____Phone:_____

Drivers License Number_____

Social Security number _____

Corporation officers names:

President:_____Address:_____

Vice-President:_____Address:_____

Trade References please list three:

1.**Name:** _____Address:_____Phone:_____

2.**Name:**_____Address:_____Phone:_____

3.**Name:**_____Address:_____Phone:_____

NAME OF YOUR BANK_____ Phone:_____ Acct. No:_____

"I, we, the undersigned, being the owner, or principal stockholder of the corporation known as _____ who have made application for credit with you, hereby agree for valuable consideration to unconditionally indemnify you from any and all losses you might sustain by reason of the corporation failing to pay its obligations when due for merchandise delivered by you, and I, we, do agree to waive notice of default, hereby giving you the right to extend the time of payment without limitations and do individually and severally agree to be personally liable for the obligations of any merchandise or credit extended by you. Applicant hereby authorize the **ABLE DISTRIBUTORS** the right to investigate the credit of the applicant with any suppliers, financial institution, credit bureaus, or credit reporting agencies."
**ALL SUMS NOT PAID WHEN DUE SHALL BEAR INTEREST AT THE RATE OF 18% PER ANNUM FROM THE DAY PAYMENT IS DUE UNTIL PAID OR THE MAXIMUM ALLOWED, WHICHEVER IS LESS. IN THE EVENT OF DEFAULT ON THE ACCOUNT, THE UNDERSIGNED AGREES TO PAY ALL REASONABLE ATTORNEY'S FEE, COURT COST, AND ALL OTHER COLLECTION EXPENSES ACCRUED EITHER BY SUIT OR OTHERWISE.
I HEREBY AUTHORIZE ALL SUMS NOT PAID WITHIN 90 DAYS TO BE CHARGED IN FULL TO THE FOLLOWING ACCOUNT (PLEASE SELECT ONE OF THE FOLLOWING):**

_____**VISA ACCOUNT NUMBER**_____**EXP**_____

_____**MASTER CARD ACCOUNT NUMBER**_____**EXP**_____

_____**DISCOVER ACCOUNT NUMBER**_____**EXP**_____

_____**AMERICAN EXPRESS**_____**EXP**_____

Authorized Signature_____**Date**_____