Union Hill Industrial Park, One Resource Drive,
West Conshohocken, PA 19428
Telephone: (610) 825-4770 **Fax**: (610) 825-6191

CUSTOMER APPLICATION

Firm Name: _____

Firm Address: _____

City, State, Zip: _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Years in Business: _____ D&B#: _____

Contact in Accounts Payable: _____

Can you accept electronic invoices? ☐ (yes) ☐ (no) If yes, please supply email address:

_____

A/P Email Address: _____ A/P PH#: _____

Bank: _____ Account No.: _____

Address: _____

Telephone: _____ TriState HVAC Salesman: _____

If your firm in incorporated, a partnership, or single ownership, please complete the following:

Name: _____ Title: _____ SS#: _____

Name: _____ Title: _____ SS#: _____

CREDIT AGREEMENT

THE APPLICANT AGREES THAT ANY CREDIT EXTENDED TO THE APPLICANT SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS, WHICH SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL CANCELLED BY THE APPLICANT BY LETTER TO TRISTATE HVAC EQUIPMENT, LLP VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

1. The laws of the State of Pennsylvania shall be applicable to all disputes arising under this application for credit or as a result of any extensions of credit by TriState HVAC Equipment, LLC to the applicant.
2. The applicant agrees to remit payment for any credit extended to Union Hill Industrial Park, One Resource Drive, West Conshohocken, PA 19428
3. Terms of payment are net 30 days from the date of invoice unless previously otherwise agreed in writing.
4. TriState HVAC Equipment, LLC shall not be liable for any loss, damage or injury of any kind, to any person, premises and/or property arising from use of the product(s). TriState HVAC Equipment, LLC's liability is limited to those rights conferred on the applicant under the specified warranties. (Any right of the applicant to further damages such consequential, incidental and/or special damages is hereby waived.)
5. In the event of default in payment, the applicant agrees to pay, in addition to the balance of the account, any and all finance charges, attorney fees and/or collection fees.

"I AGREE TO THE CREDIT TERMS AS DESCRIBED ABOVE."

X _____

SIGNATURE DATE

X _____

NAME (Printed) TITLE

Your current W-9 must accompany the completed credit application

****If your organization is tax exempt include a current certificate****

TRADE REFERENCES

LIST A MINIMUM OF FIVE COMPANIES YOUR FIRM HAS AN OPEN ACCOUNT AND WILL RESPOND TO FAX INQUIRES.

Firm: _____ **ACCT#:** _____

Address: _____

Email: _____ **Phone:** _____

Firm: _____ **ACCT#:** _____

Address: _____

Email: _____ **Phone:** _____

Firm: _____ **ACCT#:** _____

Address: _____

Email: _____ **Phone:** _____

Firm: _____ **ACCT#:** _____

Address: _____

Email: _____ **Phone:** _____

Firm: _____ **ACCT#:** _____

Address: _____

Email: _____ **Phone:** _____