



Comfort Control Supply Co., Inc. dba JOHNSTONE SUPPLY

www.jswmi.com

MUSKEGON: 1840 Industrial Blvd, 49442 • 231-777-2727 • fax 231-777-1730
 GRAND RAPIDS: 4757 Clyde Park SW, 49509 • 616-532-8188 • fax 616-532-0523
 HOLLAND: 2127 112th Ave Suit A, 49424 • 616-392-9239 • fax 616-394-9277
 KALAMAZOO: 1000 King Highway, 49001 • 269-978-1600 • fax 269-978-1630
 COMSTOCK PARK: 3642 Mill Creek Dr NE, 49321 • 616-784-0808 • fax 616-784-0011
 BENTON HARBOR: 2106 M-139, 49022 • 269-593-2727 • fax 269-757-7037

APPLICATION FOR OPEN ACCOUNT

Business Name _____

Street Address _____ P.O. Box # _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

E-mail Address: _____

Principals _____

Name	Title	SS Number
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Name	Title	SS Number
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Accounts Payable Contact: _____

Statements & Invoices by: E-mail Fax _____

Type of Business _____

Heating	Cooling	Refrigeration	Plumbing	Etc.
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Date Business Established _____ Years at Present Address _____

Ownership: Corporation Partnership Sole Owner Limited Liability Co. Limited Partnership

Was the business operated under any other name in the last 5 years? Yes No

List any other names you use, do business under, or are known as: _____

Bank Reference

Savings

Checking

Loan

Bank Name	Account #	Contact
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Address	City	State	Zip	Telephone
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Commercial Trade References: Give only names of those you buy from on OPEN ACCOUNT.

References will not be considered valid unless FULL NAMES and contact information is completed below.

Name	City / State	Phone	Fax	Email
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Name	City / State	Phone	Fax	Email
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Name	City / State	Phone	Fax	Email
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Monthly Credit Desired \$ _____

Purchase Order Required <input type="checkbox"/> Yes <input type="checkbox"/> No
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Authorized Buyers _____

Web Order Entry Access? Yes No Mobile App Order Entry Access? Yes No

PROMOTIONAL / ADVERTISING CONSENT

By signing this application you give consent to receive promotional / advertising notices via phone, fax and email.

MICHIGAN SALES TAX CERTIFICATE

Please provide form if tax exempt.

LICENSING INFORMATION

Comfort Control Supply Co., Inc. sells gas fired or compressor bearing equipment only to firms or individuals holding a current "State of Michigan Mechanical Contractors License." Please indicate below and attach a copy of the primary license of record for your account.

License Issued To	License #	License Expiration Date
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REFRIGERANT CERTIFICATION

By order of the EPA, Comfort Control Supply Co., Inc. may sell refrigerant and certain items utilizing refrigerant only to individuals that hold a valid EPA certification card. Please fill out the following information for our records and attach copies of the individual certification cards, as required by the EPA.

Name	Certification Number	Certification Levels	Issuing Organization
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LIABILITY INSURANCE

Please list your insurance carrier and policy number below:

Policy Carrier	Policy Number
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Credit Terms: Unless otherwise specified, our terms are net 15th prox. and service charge of 1.5% per month. Thereafter, Comfort Control Supply Co., Inc. (hereinafter "Johnstone") is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit. Service charges at the highest rate permitted by state law will be applied to past due accounts. Should Johnstone initiate any action to force collection of any sums due Johnstone or its successor, the actual Applicant and Guarantor agree to pay all costs incurred by Johnstone in connection therewith, including reasonable attorney fees. In the event an action is brought by Johnstone to this Account Application arising out of or in an action brought by any party to this Account Application, the parties agree that such action may be brought in federal or state court of competent jurisdiction located in the City of Grand Rapids, Holland, Kalamazoo or Muskegon located in Kent, Ottawa, Kalamazoo and Muskegon County respectively, Michigan.

We agree to accept credit terms as above and accept full financial responsibility for all charges made to our account. We swear that the information given is true and correct.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____

THE UNDERSIGNED PERSONALLY GUARANTEE(S) PAYMENT OF ANY DEBTS INCURRED BY THE ABOVE-NAMED COMPANY, CORPORATION, AGENTS, SUCCESSORS OR ITS AFFILIATES.

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____