Comfort Control Supply Co., Inc. dba JOHNSTONE SUPPLY johnstonesupply.com STONE

KALAMAZOO: 1000 King Hwy, 49001 • 269-978-1600 SOUTH BEND: 3220 Rosetta PI, 46628 • 574-288-2843 JACKSON: 903 Beldon Rd, 49203 • 517-998-3600

Web Order Entry Access? Yes

LANSING: 3244 W St Joseph, 48917 • 517-482-8478 ELKHART: 3314 Middlebury, 46516 • 574-970-0628

MUSKEGON: 1840 Industrial Blvd, 49442 • 231-777-2727 | HOLLAND: 2127 112th Ave, 49424 • 616-392-9239 | GRAND RAPIDS: 4757 Clyde Park, 49509 • 616-532-8188 COMSTOCK PARK: 3642 Mill Creek, 49321 • 616-784-0808 BENTON HARBOR: 2106 M-139, 49022 • 269-593-2727

APPLICATION FOR OPEN ACCOUNT

Street Address			P.O. Box #_		
City	State		Zip Code _		
Telephone #		Fax #			
Email Address:					
Principals _{Name}		Title		SS Number	
Name		Title		SS Number	
Accounts Payable Cor	ntact:				
Email for Statements &	& Invoices:				
Type of Business	ating Cooling	F	Refrigeration	Plumbing	Etc.
Date Business Establi	shed	Ye	ears at Present A	ddress	
Ownership: Corpor Was the business ope List any other names y Bank Reference		r name in the	last 5 years?		No
Savings	Bank Name	Ассо	unt #	Contact	
☐ Savings	Bank Name Address	Acco	unt # State Zip	Contact Telephone	
Savings	Address ferences: Give only na	City mes of those yo	State Zip ou buy from on OPEI	Telephone N ACCOUNT.	
Savings Checking Loan Commercial Trade Re	Address ferences: Give only na	City mes of those yo	State Zip ou buy from on OPEI	Telephone N ACCOUNT.	
□ Savings □ Checking □ Loan Commercial Trade Re References will not be con	Address ferences: Give only na sidered valid unless FULI	^{City} mes of those yo _ NAMES and c	State Zip ou buy from on OPEI ontact information is	Telephone N ACCOUNT. s completed below.	
Savings Checking Loan Commercial Trade Re References will not be con Name	Address ferences: Give only na isidered valid unless FULI City / State	City mes of those yo NAMES and c Phone	State Zip ou buy from on OPEI ontact information is Fax	Telephone N ACCOUNT. s completed below. Email	
□ Savings □ Checking □ Loan Commercial Trade Re References will not be con Name Name	Address ferences: Give only na Isidered valid unless FULI City / State City / State City / State	City mes of those yo NAMES and c Phone Phone	State Zip ou buy from on OPEI ontact information is Fax Fax	Telephone N ACCOUNT. completed below. Email Email	

Mobile App Order Entry Access?

∏Yes

[□] No 5.5.22

How many techs do you employ?: _____

How many trucks in the field?:

What is your company's primary focus?: new construction

install

Certification Levels

repair maintenance

PROMOTIONAL / ADVERTISING CONSENT

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

SALES TAX CERTIFICATE

Please provide form if tax exempt. (MI Form 3372 / IN Form ST-105)

MI: LICENSING INFORMATION

Comfort Control Supply Co., Inc. sells gas fired or compressor bearing equipment only to Michigan 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. (For equipment purchases in IN, must be qualified HVACR contractors.)

License Issued To

License #

License Expiration Date

Issuing Organization

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

LIABILITY INSURANCE

Please list your insurance carrier and policy number below:

Policy Carrier

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 Counties respectively, in the state of Michigan; or in the City of South Bend or Elkhart, located in St. Joseph and Elkhart Counties respectively, in the state of Indiana.

Any and all material received from JOHNSTONE, and any proceeds received from the sale, use, or from jobs/projects on which the material is incorporated, is expressly held in trust by the Applicant, its principals and Guarantors for the benefit of JOHNSTONE, until JOHNSTONE has been paid for the materials. Use of any funds received from the sale, use, or from jobs/projects on which the material is incorporated, before JOHNSTONE has been paid for the materials is a breach of the trust and the fiduciary duty of the Applicant, its principals and Guarantors. Any debt that arises out of the breach of the trust and/or defalcation of the material and/or funds held in trust, is non-dischargeable in bankruptcy.

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: _____ _____ Date: _____ Title:

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:

Policy Number

Certification Number