



*please fax back to  
Cindy D'Ambrosia  
503-296-2481*

Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone(s) \_\_\_\_\_ Fax \_\_\_\_\_  
 Federal Tax ID# \_\_\_\_\_ How long under current ownership? \_\_\_\_\_

Principals: Name \_\_\_\_\_ Title: \_\_\_\_\_ SS# \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone(s) \_\_\_\_\_ Home Fax \_\_\_\_\_  
 Name \_\_\_\_\_ Title: \_\_\_\_\_ SS# \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone(s) \_\_\_\_\_ Home Fax \_\_\_\_\_

Are you tax exempt? Yes No ( If yes, please attach completed Sales Tax Exemption Certificate )

Do you use Purchase Orders? Yes No

Person in charge of Accounts Payable: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit References: (please list four major suppliers you are currently purchasing from)

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank Reference:**

Name of Bank: \_\_\_\_\_ Checking Account No : \_\_\_\_\_  
 Branch: \_\_\_\_\_ Savings Account No: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Within the last five years, have you or any other owner of officer declared personal bankruptcy or been an owner or officer in a company which declared bankruptcy or otherwise sought the protection of the Bankruptcy Code? If yes, please state when, where and the name in which the petition was filed.

Does your business currently have any past due account payable? Yes No

**Terms:**

Balance is due upon receipt of invoice.

A 1-1/2% per month finance charge will be assessed on all amounts not paid within 30 days of receipt of invoice.

The undersigned is authorized to make this application and to certify that the above statements are complete, accurate and truthful.

The applicant agrees that, if the account becomes past due, and if any portion of the account is referred to an attorney or collection agency for collection, the undersigned agrees to pay reasonable attorney fees and all allowed court costs including the appeal and/or standard collection agency charges. If the suit is brought, venue can be laid in a jurisdiction designated by Jacobs Heating & Air Conditioning, Inc.

The Applicant further agrees to give Jacobs Heating & Air Conditioning, Inc. permission to make inquiries to all financial and related matters of applicant's bank or listed references for the purpose of granting credit.

The Applicant further agrees to grant a security interest in any goods or materials purchased from Jacobs Heating & Air Conditioning, Inc., to notify Jacobs Heating & Air Conditioning, Inc, of changes in address, ownership, or other significant factors affecting applicant's financial condition.

I (We) have read and understand your terms and conditions and agree to abide by them and guarantee payment of this account as set forth above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_