

**TEMPERATURE CONTROL SYSTEMS, INC.
APPLICATION FOR CREDIT**

RETURN TO: accounting@temperaturecontrolsystems.com or fax: 214-341-5087

APPLICATION MUST BE COMPLETED AND SIGNED TO BE PROCESSED FOR A CREDIT ACCOUNT. YOU MAY SUBMIT A LIST OF CREDIT REFERENCES IN PLACE OF COMPLETING THE CREDIT REFERENCE SECTION. INCOMPLETE APPLICATIONS ARE SUBJECT TO REFUSAL OF CREDIT.

COMPANY NAME: _____

Dbal: (if applicable): _____

BILLING

ADDRESS: _____
STREET/P.O. BOX CITY/STATE ZIP

PHYSICAL:
ADDRESS: _____
FOR DELIVERY CITY/STATE ZIP

PHONES:

ACCOUNTING: [] _____ - _____ FAX: [] _____ - _____

PURCHASING: [] _____ - _____ FAX [] _____ - _____

CONTACTS:

ACCOUNTING: _____ PURCHASING: _____

E-MAIL ADDRESS FOR ACCOUNTS PAYABLE _____

ARE PURCHASE ORDER NUMBERS REQUIRED: [] YES [] NO

PLEASE LIST ALL AUTHORIZED BUYERS:

SALES TAX EXEMPTION: [] TAXABLE OR [] NONTAXABLE – **YOU MUST ATTACH EXEMPTION FORM**
FOR SALES TAX TO BE REMOVED FROM THE SALE

DATE BUSINESS ESTABLISHED: _____ D & B RATED [] YES [] NO

DUN & BRADSTREET NUMBER: _____ FEDERAL TAX ID# _____

[] CORPORATION [] LIMITED PARTNERSHIP [] JOINT VENTURE [] MANAGEMENT

[] SOLE PROPRIETORSHIP/INDIVIDUAL

IF YOU ARE A SOLE PROPRIETORSHIP/INDIVIDUAL OR AGENT FOR/MANAGEMENT, YOU MUST COMPLETE THE FOLLOWING FOR THE APPLICATION TO BE PROCESSED.

OWNERS NAME: _____

HOME ADDRESS: _____
STREET/P.O. BOX CITY/STATE ZIP

HOME PHONE: [] _____ - _____ SOCIAL SECURITY #: _____

SIGNATURE: _____

OWNER OR AUTHORIZED AGENT

TYPE OF BUSINESS:

[] MANUFACTURING [] SERVICE/HVAC [] MEDICAL
[] GOVERNMENT [] MANAGEMENT [] OTHER: _____

LINE OF CREDIT REQUESTING: \$ _____

CREDIT REFERENCES: (MUST BE COMPLETED WITH PHONE AND FAX NUMBERS OR EMAIL ADDRESS)

1) NAME: _____

ADDRESS: _____
STREET/P.O. BOX CITY/STATE ZIP

COMPANY EMAIL: _____ PHONE# [] ____ - _____ FAX# [] ____ - _____

2) NAME: _____

ADDRESS: _____
STREET/P.O. BOX CITY/STATE ZIP

COMPANY EMAIL: _____ PHONE# [] ____ - _____ FAX [] ____ - _____

3) NAME: _____

ADDRESS: _____
STREET/P.O. BOX CITY/STATE ZIP

COMPANY EMAIL: _____ PHONE# [] ____ - _____ FAX [] ____ - _____

OFFICERS OF THE COMPANY: (MUST BE COMPLETED) PLEASE PRINT

1) _____
NAME TITLE

2) _____
NAME TITLE

BANK REFERENCES:

BANK NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

ACCOUNT #'S: _____

NAME ON ACCOUNT: _____

PAYMENT TERMS:

OUR TERMS ARE **NET 30** DAYS FROM THE DATE OF THE INVOICE. A DELINQUENCY CHARGE OF 1-1/2 PERCENT PER MONTH MAY BE ADDED TO ANY AMOUNT UNPAID PAST THE DUE DATE. THIS IS ANNUAL RATE OF 18 PERCENT.

SHIPMENT TERMS:

OUR SHIPMENTS ARE F.O.B DESTINATION PREPAID AND ADDED.

INSPECTION, CLAIMS AND RETURN TERMS:

ALL GOODS SHOULD BE INSPECTED WHEN RECEIVED. IF ANY GOODS RECEIVED BY THE PURCHASER ARE DAMAGED OR IF THE QUANTITIES RECEIVED DO NOT AGREE WITH THE QUANTITIES INDICATED ON THE SHIPPING DOCUMENTS, THEN THE PURCHASER SHALL ADVISE US THE SELLER OF THE DAMAGE OR DESCREPANCY WITHIN 5 BUSINESS DAYS OF RECEIPT OF THE GOODS. CLAIMS FOR SHORTAGES OR DAMAGES MADE AFTER THE 5 BUSINESS DAYS WILL NOT BE HONORED. NO RETURNS WILL BE ACCEPTED WITHOUT PRIOR AUTHORIZATION. ALL RETURNS ARE SUBJECT TO A 15% TO 20% RESTOCKING FEE.

WARRANTY:

ALL DEFECTIVE PARTS ARE SUBJECT TO THE WARRANTY STATED BY THE MANUFACTURER. ALL DEFECTIVE PARTS ARE TO BE SENT BACK TO TEMPERATURE CONTROL SYSTEMS.

WE RESERVE THE RIGHT TO CHANGE OUR TERMS AND CONDITIONS AS THE BUSINESS ENVIRONMENT MAKES IT NECESSARY. YOU WILL BE NOTIFIED OF ANY CHANGES.

WE, THE UNDERSIGNED, AND ANY OR ALL THEIR PARTIES PERTAINING TO THIS APPLICATION FOR CREDIT AGREE THAT AT ANYTIME SHOULD THIS ACCOUNT BECOME IN ARREARS, LEADING TO THE OUTSIDE COLLECTION OF THIS ACCOUNT BY SOURCES OTHER THAN OUR OWN, THAT ALL FEES ACCRUED PERTAINING TO THE COLLECTION OF SAID ACCOUNT WILL BE THE RESPONSIBILITY OF SAID APPLICANT AND NOT THOSE OF TEMPERATURE CONTROL SYSTEMS, INC.

SIGNATURE OF OWNER/AUTHORIZED AGENT FOR

DATE

WE, THE UNDERSIGNED, CERTIFY THAT WE ARE AUTHORIZED TO SEEK CREDIT FROM TEMPERATURE CONTROL SYSTEMS FOR THE COMPANY OR INDIVIDUAL NAMED ON THIS APPLICATION TO BE IN FORM OF A CHARGE ACCOUNT AND THAT WE UNDERSTAND AND WILL COMPLY WITH THE TERMS AND CREDIT LIMITS OF THE ACCOUNT AS SET FORTH.

SIGNATURE OF OWNER/AUTHORIZED AGENT FOR

DATE

ALL LOCATIONS TO SERVE YOU:

TEMPERATURE CONTROL SYSTEMS, INC.

**10315 BROCKWOOD RD.
DALLAS, TX 75238
SALES: 214-343-1444
FAX: 214-343-2106**

**3007 LONGHORN BLVD. #105
AUSTIN, TX 78758
SALES: 512-339-8555
FAX: 512-339-2224**

**2603 SOUTHWELL # 101
DALLAS, TX 75229
SALES: 972-241-7086
FAX: 972-247-7288**

**11363 E. 60th PLACE, #100
TULSA, OK 74146
SALES: 918-459-9839
FAX: 918-459-7586**

**6504 MIDWAY RD # 100
FT. WORTH, TX 76117
SALES: 817-222-0200
FAX: 817-222-0331**

**219 N.E. 38th STREET
OKLA. CITY, OK 73105
SALES: 405-557-1986
FAX: 405-557-1720**