



210-798-8000

798-8040 FAX

"Your Comfort is Our Concern"

COMMERCIAL APPLICATION FOR CREDIT

COMPANY NAME: ADDRESS (MAILING): (PHYSICAL):

TELEPHONE: INDIVIDUAL () PARTNERSHIP () CORPORATION ()

IF INCORPORATED, DATE OF INCORPORATION: STATE:

PRINCIPLES AND/ OR OWNERS:

NAME: SS# TITLE: ADDRESS: TEL #:

NAME: SS# TITLE: ADDRESS: TEL #:

NAME: SS# TITLE: ADDRESS: TEL #:

BANK REFERENCES:

BANK NAME: ADDRESS: OFFICER: ACCT NO: TEL#

BANK NAME: ADDRESS: OFFICER: ACCT NO: TEL#

TRADE REFERENCES: (PLEASE LIST CREDIT REFERNECES THAT HAVE EXTENDED COMPARABLE AMOUNTS OF CREDIT COMPARED TO CREDIT REQUESTED FROM ROSENBERG INDOOR COMFORT)

CREDITOR: CONTACT: TEL # ADDRESS:

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AMOUNT OF CREDIT REQUESTED:

PURCHASES SHALL BE: TAXABLE () NON-TAXABLE () SALES TAX I.D. #:

YEARS IN BUSINESS: D & B#:

PURCH ORDERS REQUIRED: YES () NO () ACCT. PAYABLES CONTACT PERSON:

MAIL STATEMENTS TO THE ATTENTION OF:

FOR THE PURCHASE OF SECURING CREDIT FROM ROSENBERG INDOOR COMFORT, THE UNDERSIGNED MADE THE ABOVE REPRESENTATION AND CERTIFIES THAT IT IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

THE UNDERSIGNED ACKNOWLEDGES THAT TERMS OF PAYMENT ARE NET 30 DAYS FOR ALL WORK. IF PAYMENT IS NOT RECEIVED BY RIC WITHIN PAYMENT TERMS, THE UNDERSIGNED SHALL PAY A FINANCE CHARGE OF 1 1/2% MONTHLY (ANNUAL % RATE OF 18%) ON ALL UNPAID AMMOUNTS, LESS CREDITS AND UNPAID FINANCE CHARGES. THE RATE IS SUBJECT TO CHANGE BUT IN NO EVENT SHALL EXCEED THAT WHICH IS PERMITTED BY LAW.

SIGNATURE OF APPLICANT: DATE:

BY: TITLE:

CREDIT APPROVAL: DATE:

CREDIT LIMIT: ACCOUNT NO: