

CREDIT AGREEMENT

Credit Department, 14610 Breakers Drive, Suite 100, Jacksonville, FL 32258
Please fill out completely, print, sign, and email to twcredit@twclimate.com

Date: _____

Business Name: _____

Ship to Address: _____ City: _____ State: _____
Zip Code: _____ County: _____

Business Telephone: _____ Fax: _____
Business URL: _____ Email: _____

Billing Address: _____ City: _____ State: _____
Zip Code: _____ County: _____

Business Operates as: Corporation ___ Partnership ___ Sole Proprietorship ___

Date Established: _____

Send Invoices & Statements by: Email ___ Mail ___ Fax ___

Send Invoices & Statements to: _____
(Email, Mailing Address, or Fax)

PRINCIPAL OWNERS & OFFICERS

Name: _____ Title _____ Social Sec. # _____
Date of Birth: _____

Home Address: _____
City/State/Zip Code: _____
Email: _____ Alternate Phone #: _____

Name: _____ Title _____ Social Sec. # _____
Date of Birth: _____

Home Address: _____
City/State/Zip Code: _____
Email: _____ Alternate Phone #: _____

Have you ever had business dealings with **Tradewinds Distributing Company, LLC?**
_____ (Y/N)

If so, when and where? _____

Financial Information: **Please attach a copy of your current financial statement.**

Attach Certificate of Resale or sales tax must be charged. Will you pay sales tax? _____ (Y/N)

TRADEWINDS NEW CUSTOMER PROFILE

Please complete the Customer Information Profile

Date: _____ Business Name: _____
Federal ID #: _____

General Contact

Name(s) _____
Phone #: _____
Fax #: _____
Email: _____

Accounts Payable Contact

Name(s) _____
Phone #: _____
Fax #: _____
Email: _____

Officers: _____

Business Type

Independent Wholesale Distributor ___ Sub-Distributor ___ Online Reseller ___
Other (please specify) _____

Geographic Sales Coverage: _____

Products/Interests

Duct-Free Systems ___ ETAC/PTAC ___ Accessories ___ Parts ___ Supplies ___
Other (please specify) _____
Notes: _____

Additional DBA _____

Do you accept Back Orders? _____ (Y/N)

INTERNAL USE ONLY

Salesperson: _____ Tel: _____ Pricing Level: _____

CREDIT EXPERIENCE:

Please provide three (3) credit references:

NAME	ADDRESS	ACCOUNT #	TEL #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCE:

Name of Bank: _____ Checking Account #: _____

Address: _____ Savings Account #: _____

City: _____ State: _____ Zip Code: _____

Name of person you deal with: _____ Tel #: _____

Credit line Requested: \$ _____

SALES AGREEMENT

The undersigned in consideration for terms of sale herein and for the extension of credit by **Tradewinds Distributing Company, LLC** hereby agrees that the terms of sale are 2% 10 days, net due in 30 days. Payment for materials purchased during the month becomes due on the 10th day subsequent to the purchase and becomes delinquent 30 days following the purchase. A service charge of 1-1/2% per month (18% per annum) will be added to any past due balance. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees, whether or not suit is brought and including fees incurred in any appeals or bankruptcy proceedings.

The undersigned does hereby certify that the information contained above is true and correct and further agrees that any changes in ownership or officers or form the business operates shall be made known to **Tradewinds Distributing Company, LLC**. This notice shall be in writing and mailed to **Tradewinds Distributing Company, LLC** at PO Box 2954, Jacksonville, FL 32203, by certified US mail.

The applicant hereby grants permission to **Tradewinds Distributing Company, LLC** to obtain from any sources any information related to applicant's credit standings.

NAME

SIGNATURE

PERSONAL GUARANTY

To: **Tradewinds Distributing Company, LLC**

Please sell and deliver to

_____ of _____
Purchaser (Name and Company) (City, County, ST)

or representative, on your usual credit terms of sale, 2% 10 days, net due in 30 days. Such goods, wares, and merchandise as they or their representatives may order or select, and in consideration thereof I/We hereby fully Guarantee and hold myself/ourselves personally responsible for the payment at maturity of the purchase price of all such goods, wares, and merchandise so sold or delivered, whether evidenced by open account, acceptance Hereof, amounts of sales, dates of shipments or deliveries, notice of default in payment and legal proceedings against the purchaser.

This is intended to be, and shall be construed to be, a continuing Guaranty applying to all sales made by you to the aforesaid, and shall not be revoked by the death of Guarantor(s) but shall remain in full force and effect until I/We or my/our Executors or Administrators shall have given notice in writing to make no further advances on the security of this Guaranty, and until such notice shall have been received by you.

It is understood and agreed that there is no limit to my/our liability under this Guaranty. Now, should it become necessary to place this Guaranty with an attorney for collection, suit, or other legal action, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fees, whether or not suit be brought and including fees incurred in any appeals or bankruptcy proceedings.

I/We further agree that regardless of place of payment by Principal(s), all suits at law or in equity against Guarantor(s) shall be instituted and maintained in any court of competent jurisdictions.

Execution of this agreement authorizes **Tradewinds Distributing Company, LLC** to conduct a credit investigation for the basis of establishing credit.

WITNESS: my/our hand(s) and seal(s) this _____ day of _____ Year _____

Witness:

Guarantor(s)

SIGNATURE

SIGNATURE

NAME

NAME