



CREDIT AGREEMENT

Credit Department, 14610 Breakers Drive, Suite 100, Jacksonville, FL 32258
Please fill out completely, print, sign, and email to credit@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 ___

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 Climate Systems? _____ (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 #: _____

Customer Service Contact

Name(s) _____

Phone #: _____

Fax #: _____

Email: _____

Tech Support Contact

Name(s) _____

Phone#: _____

Fax#: _____

Email: _____

Accounts Payable Contact

Name(s) _____

Phone #: _____

Fax #: _____

Email: _____

Other

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) 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
INSERT HERE

The applicant hereby grants permission to Tradewinds Climate Systems to obtain from any sources any information related to applicant's credit standings.

SIGNATURE

NAME