

Welcome to Tradewinds!

We are excited about the opportunity to work with you to sell Gree products. Here at Tradewinds, we are fully committed to providing an excellent experience for you, the contractor, and the homeowner.

Please provide the information in the application below and let's get selling!

- ✓ Customer Application in full
- ✓ 3 business references
- ✓ Bank reference
- ✓ State Resale Tax Certificate and naming TWC where applicable
- ✓ Commercial or Business License
- ✓ Most recent Financial Statements, if Credit request over \$25k
 - Audited by External Firm (preferred)
 - If not, internally prepared and signed by the Owner
- ✓ Owner's or Authorized Individual's Driver License (if providing personal guarantee)

For your records:

Remit Address

Tradewinds Distributing Co LLC
Attn: Accounts Receivable [Payments]
14610 Breakers Drive, Ste 100
Jacksonville, FL 32258-3468

Order-Related Inquires – Parts & Units [POs/Availability/Pricing/RGA]

E: orders@twclimate.com | T: 855.452.0005

Tech Support & Warranty

E: techsupport@twclimate.com | T: 855.452.0005



NEW CUSTOMER PROFILE

Date: _____ Business Name: _____

Federal ID #: _____

Additional DBA _____

Main Contact

Name(s) _____

Phone #: _____

Email: _____

Customer Service / Purchasing

Name(s) _____

Phone #: _____

Email: _____

Accounts Payable / Other

Name(s) _____

Phone #: _____

Email: _____

Tech Support

Name(s) _____

Phone #: _____

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: _____

INTERNAL USE ONLY

Region: _____ Rep: _____ Salesperson: _____

Terms: _____ Level: _____ Notes: _____

CREDIT APPLICATION

Business Name: _____

Business Telephone: _____

Email: _____

Billing Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Business Operates as: Corporation ___ Partnership ___ Sole Proprietorship ___
Date Established: _____

Send Invoices & Statements by: Email ___ Mail ___

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.

Are you tax exempt? _____ (Y/N) Attach Certificate of Resale or Sales Tax must be charged.

BUSINESS REFERENCES (3):

NAME	ADDRESS	ACCOUNT #	TEL #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCE

Name of Bank: _____ Checking Account #: _____
Address: _____ Savings Account #: _____
City: _____ State: _____ Zip Code: _____

Name of your bank contact: _____ Tel #: _____

Credit line Requested: \$ _____

PERMISSION

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

SIGNATURE

NAME

**Please complete form in full, print, sign, and return to
your Tradewinds Regional Sales Director.**