

Houston, TX 77041 Phone (281)-383-9690 FAX (281) 859-4650

CREDIT APPLICATION

Please supply all information requested and return this application with a copy of your recent Financial Statement or other financial information, which would assist us in considering your request for credit. Any information provided will be held in strictest confidence and be used only for our credit granting purposes. The signature of Owner(s), Partner(s), or Corporate Officer(s) is required on the continuing Guaranty and/or Partnerships. Please return the complete application to the address listed above, Attn: Credit Department.

Applicant Information:						
Company's Legal Name	Doing Business as (DBA)					
Billing / Mailing Address			_ City	State	Zip	
Phone	_ Cell	Fax		E-mail		
Date Business Incorporated	Corporation	/ Limited Liability	y Company /	Partnership / Sole Pro	prietor/Individual	
State of Incorporation	_ Federal Tax ID#		Dun & Brad#_			
Annual Sales-Last Year \$	Year to Date \$	Est	mate Monthly	y Purchase from INTAC	Supply \$	
No. of Employees	_ Have we ever sold t	o you, or to any p	resent or forr	ner affiliate? YES or NO		
If YES, under what name and v	vhen?					
Primary Type of Business						
Contractor's License: YES or No	O E.P.A Card: Y	ES or NO (Certificate of F	Registration: YES or NO		
If yes to any of the above, Ple containing refrigerant.	ase attach a copy of ea	ach. Permits mus	t be provided	in order to purchase re	efrigerant or equipment	
Are Purchase Orders required?	? YES or NO Statem	ents: Mail Fax	Email Invo	oices: Mail Fax Email		
Fax Number:		Email:				
Accounts Payable Contact		Phone	#	E-Mail		
		Credit Departme	nt use only			
Credit Approved By	Credit Decline By	Date	Terms	Credit Limit \$	Territory	

OWNERSHIP (INCLUDE ALL OWNERS AND OFFICERS)

Name	Title_		_ S.S#			Ownership %
Home Address		_ City		_State	Zip	Phone
Name	Title_		_ S.S#			Ownership %
Home Address		_ City		_State	Zip	Phone
Name	Title_		_ S.S#			Ownership %
Home Address		_ City		_State	Zip	Phone
		TRADE RE	FEREN	ICES		
Company Name			-			
Address		City		State		_ Zip
Phone	Fax		Er	mail		
Company Name:			_			
Address:				State: _		Zip:
Phone:	Fax:			Email:		
Company Name:			_			
Address:				State: _		Zip:
Phone:						
		BANKING IN	FORM	IATION		
Name of Bank		Branch/Addro	ess			
Name of bank officer to contact						
	ne#Fax #					
To protect your company, please list em ANY UNAUTHORIZED CHARGES IF THE L	-		-		· YOUR CO	OMPANY WILL BE HELD RESPONSIBLE FOR

TERMS AND CONDITIONS

The Applicant certifies that the above information is true and correct and agrees to pay for all goods purchased in compliance with the terms of INTAC Supply, LLC. Unless otherwise agreed to in writing, said terms are that all goods are to be paid in full within 30 days of invoice date. Should goods not be paid in full when due, any outstanding balances shall accrue interest at 1.5% per month (18% APR). Should INTAC Supply take any action to collect any amount due, it shall be entitled to recover any outstanding balance, plus accrued interest, as well as, reasonable attorney or collection agency fees and costs. All the undersigned, authorized INTAC Supply to investigate credit background through credit agencies and references listed herein and for all other refences to release any and all information at any time. The undersigned release INTAC Supply from all liabilities resulting from any information released or obtained.

NOTE: Application must be signed in two places before	ore application will be processed.					
Full Name of Company	SIGNATURE	SIGNATURE				
Date	Print Name and	Print Name and Title				
	PERSONAL GUARANTEE					
In consideration for the extension of credit by the Co Personally, guarantee prompt payment of all past, ponecessary to collect Customer's indebtedness to the attorney's fees. The guarantor agrees that the Comp credit history and obtain credit reports regarding this	resent or future indebtedness of Custor Company, I agree to pay, as they accru any may review his/her personal credit	e, all the cost of such legal proceeding, including history, and authorizes INTAC Supply, LLC to verify				
EXECUTED this	day of	, 20				
Guarantor Signature	Printed	Social Security No.				
Guarantor Signature		Social Security No				

The signature on this Credit Application, if transmitted by facsimile machine, will be acceptable and binding as if were the original.

Please sign as an individual and not as a corporate officer. If a partnership, each partner must sign.