

CREDIT APPLICATION



808 Live Oak Drive, Ste. 123, Chesapeake, VA 23320 PHONE: (757)963-5312 FAX: (757) 963-5314

Thank you for your interest in opening an account with Superior Equipment Sales, Inc. We are a wholesale distributor and sell only to licensed Heating and Air Conditioning Contractors. If you are interested in a credit account, you must fill out the application completely, including:

1. Social Security Number, residence and title of all owners, partners or officers
2. Credit references and permission to research credit history
3. Bank references
4. Signature of application by owners/officers and signature of witness
5. Signature of personal guaranty by owners/officers and signature of witness

If you are applying for a cash or COD account, Step 2 (above) is not required. We will be unable to process your application until all requirements are met.

Your information will be held confidential.

We appreciate your business and welcome the opportunity to provide you with the best customer service possible.

When the credit application is complete, print the form and sign on the last page in the appropriate spaces.

You are welcome to submit your application by the following methods:

Email: vmcgee@seshvac.com

Fax: (757) 963-5314

Mail: Superior Equipment Sales, 808 Live Oak Dr., Ste. 123, Chesapeake, VA 23320
ATTN: Accounts Receivable Dept.



Date: _____ Referred By (Sales Rep Name): _____

Firm: _____ Doing Business As: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ h _____ 7 _____

Type Business: _____ Date Established _____ State Registered _____ Building: Owned Rented

Type Jobs: Commercial Residential Apartments Number Years in Business _____

Estimated Monthly Purchases \$ _____ Approximate Net Worth \$ _____

Business is: Sole Proprietorship _____ Partnership _____ Corporation _____ Federal Tax ID# _____

Would you like to receive information on sales/promotions and company events? Yes No

Is this a COD account? Yes No If no, how much credit are you requesting? _____

NAMES OF ALL OWNERS, PARTNERS, OR OFFICERS:

NAME	SOCIAL SECURITY #	RESIDENCE ADDRESS	% OF OWNERSHIP	TITLE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRESENT SOURCE OF SUPPLY:

NAME	CITY	PHONE	YEARS PURCHASED	AVERAGE MONTHLY PURCHASES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Permission to research Business Credit History Yes No

Permission to research Personal Credit History Yes No

Persons Authorized to Make Purchases: _____

Accounts Payable Contact Person: _____ Phone: _____

E-Mail Address: _____ Billing Preference: Mail Email

Purchase Order Required? Yes No Job Name Required? Yes No



BANK REFERENCES

NAME	ADDRESS	ACCOUNT#

Spouse's Name: _____ Soc. Sec: _____ Place of Employment _____

NOTE: SUPERIOR EQUIPMENT SALES, INC. IS A WHOLESALE DISTRIBUTOR AND CAN ONLY SELL TO LICENSED HEATING AND AIR CONDITIONING CONTRACTORS. WE ASK THAT YOU PROVIDE YOUR:

Current Contractors License #: _____ Name: _____

REFRIGERANT HANDLING CERTIFICATION (CFC)

Name of employee _____ CFC Card # _____

Driver's License ID Number _____ Issuing State _____

To ensure prompt processing, complete application in full and sign on reverse. Any questions should be directed to the Credit Department.

TERMS: We, the undersigned, agree to pay all sums due according to the terms stated in your invoices, and we agree to pay 2% per month (24% per annum) service charge on all amounts past due. We agree to pay all costs of collection, including a minimum of 33.33% attorney's fees. We agree that returned materials will be subject to a minimum 25% restocking charge and that a 3% handling charge will be added to credit card transactions (Please note: AMEX and Discover cards will be charged 6%).

The undersigned certifies the information supplied on this application to be correct, that it is submitted for the purpose of obtaining credit and agrees to all the terms and conditions of sale of Superior Equipment Sales, Inc. We also authorize you to inquire of principal trade creditors, banks, and other credit references to check credit and allow you to answer questions from others about your credit experience with us. The undersigned hereby waives all venue objections and agrees to notify Superior Equipment Sales, Inc, in writing, of any change in the form of ownership of applicant's business within five days of such change. The applicant consents to jurisdiction, in relation to any matters arising from or related to this application or the obligations hereunder, in either state or federal courts having jurisdiction over Chesapeake, Virginia.

Date: _____ Company: _____

Owners/Officer Signature: _____

Witness: _____ Title: _____



PERSONAL GUARANTY

For and in consideration of Superior Equipments Sales, Inc., extending credit at the request of the undersigned to _____ (“Company”), the undersigned hereby personally guarantees to Superior Equipment Sales, Inc., the payment of any obligation of the Company and the undersigned hereby agrees to pay Superior Equipment Sales, Inc., on demand, without offset, any sum which may become due to Superior Equipment Sales, Inc., by the Company whenever the Company shall fail to pay the same, and further agree to pay all costs of collection including a minimum of 33.33% attorney’s fee. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. The undersigned hereby agrees to the extent permitted by law, to waive the Homestead exemption, notice of acceptance hereof, notice of any modification, amendment or extension of the terms of the credit agreement hereby guaranteed. The undersigned further agrees to notify Superior Equipment Sales, Inc. in writing of any change in the form of the purchaser’s business or ownership within five days of each change, otherwise this continuing guaranty shall extend to the above named company and any successor companies or related entities. The applicant consents to jurisdiction, in relation to any matters arising from or related to this application or the obligations hereunder, in either state or federal courts having jurisdiction over Chesapeake, Virginia.

Witness: _____ Date: _____

Signature (**Guarantor**): _____ Date: _____

Witness: _____ Date: _____

Signature: _____ Date: _____