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 Mansfield, TX 76063
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Credit Application (Please Print)

(PLEASE NOTE: IF YOU WOULD LIKE TO SET UP A C.O.D. ACCOUNT, YOU STILL NEED TO FILL OUT THIS APPLICATION).

**** All information herein will be kept in strict confidentiality unless applicant authorizes its release. ****

COMPANY NAME _____

DBA _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE NUMBER _____ PRIMARY FAX NUMBER _____

FEDERAL TAX ID _____ TEXAS SALES TAX ID _____

If you are located in or have locations in the state of Texas, please complete the Texas Sales and Use Tax Resale Certificate form provided by your salesperson. If you need a form, please contact Accounts Receivable at the main phone number shown above.

Any invoice which is the subject of different due dates or "dated billing" will become all due when one of the installments or due dates is not paid. UAC must have received payment on or before the installment due date.

The parties agree that in the event the credit applicant herein does not comply with the terms and conditions of this agreement and/or with the credit issued or if there is any dispute concerning any balances unpaid by applicant, the prevailing party shall be entitled to recover 18% of interest annually on any past due invoices plus costs, expenses and attorney's fees from the other party, including appellate attorney's fees. The applicant also agrees to pay a 30% collection fee if Universal Air Conditioner, Inc. is obligated to forward delinquent invoices to a third-party Collection Agency for recovery.

The undersigned is a legal representative of the above company:

If Company _____
 Name of Company Representative Date

If Partnership _____
 Name of Partnership Representative Date

If Personal _____
 Name of Person Responsible for Account Date

I (We) hereby personally guarantee payment of any and all obligations past, present or future incurred by the above reference entity/person requesting credit herein and agree to pay the total sum claim in the event of default of payment.

All disputes will be resolved in the courts of Tarrant County, Texas, and all parties consent to jurisdiction in those courts. Texas law will govern all disputes.

Name of Guarantor.

Signature of Personal Guarantor.

CONTACT INFORMATION

1. WEBSITE ADDRESS _____

2. BUYER/PURCHASER _____

Phone Number _____

Email address _____

3. ACCOUNTS PAYABLE _____

Phone Number _____

Email address _____

What is your preferred method of receiving invoices, credit memos, and statements?

(Please be advised that Gmail and AOL email addresses may not receive our automated emails correctly. If you choose email and are not receiving your forms in PDF format, please contact Accounts Receivable immediately.)

1. Email _____ Email Address _____

2. Fax _____ Fax Number _____

3. Mail _____ All mail will be sent to the address listed on the first page of the application.

SHIPMENT INFORMATION

1. Shipping Address: _____

City _____ State _____ Zip Code _____

2. What is your preferred shipping company?

UPS _____ Account Number _____

FedEx _____ Account Number _____

Other _____
Freight Company _____ Account Number _____

Pick Up _____

Collect _____ Freight Company _____

If you choose a freight option in order to be shipped collect (wish to have the amount charged to your freight company account), please provide the account number above so that we may be able to set up your shipping information correctly.

3. Do you allow backorders? Yes _____ No _____

4. Is your business located in a Residential _____ or Commercial _____ area?

1. Bank Name: _____
Address: _____
City _____ State _____ Zip Code _____
Phone: _____ FAX #: _____
Contact Person: _____
Account #: _____

TRADE REFERENCES (PLEASE PRINT)

2. PLEASE PROVIDE THREE (3) CREDIT REFERENCES.

1. Company Name _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

2. Company Name _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

3. Company Name _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

The undersigned is a legal representative of:

Name of Company

I hereby request all organizations to release credit information on my company.

Signed: _____
Authorized Signature Date