



Main Office:
16900 Chestnut Street
City of Industry, Ca 91748-1012
Remittance Address:
PO Box 1111
La Puente, CA 91749-1111
http://www.us-ac.com

Sales Person

Branch/Sales Manager

Existing Customer Number
 Phone: (626) 854-4500
 Fax: (626) 854-4699

Date: _____
 Credit Manager: _____ CC: _____
 Credit Limits: _____
 Special Instructions: _____

 COD: Yes No

Company Name		Type of Account Equipment <input type="checkbox"/> Parts and Supplies <input type="checkbox"/> Warranty <input type="checkbox"/>
Address	City/Zip	

Billing and/or Ship To Address if different from above:

This Location is: Main office Branch office Name and Address of Parent Company or DBA (if applicable):

Please list business name of prior accounts with USACD:

Land Line Phone #: _____ Cell Phone #: _____

Email Address: _____ Fax #: _____

Your Business Entity is a Corporation/LLC Partnership Sole Ownership Subsidiary of:

Contractor's License Number is:

Owner/Officer Information (please provide Social Security and Driver's License # for checking credit references & ID security purposes)

Job Title	Officers/Owners Name	Home Address/City State/Zip	DL#	S.S. #

Sales Tax Purchase Status: Taxable Tax Exempt In order for us to sell you any merchandise on a tax exempt basis, we must have a fully filled out and signed resale card

For COD only accounts, please complete the section above and sign and date the Account Agreement & Terms of Sale on the reverse

EPA Clean Air Section 608	Technician's Name: _____
	Certificate Number: _____ Please provide us with a copy of your certification card or technician(s) certification card(s)

Years in Business _____ Years at Present Location _____ Own Lease Average Monthly Sales \$ _____ Number of Employees _____

Business Mix: Residential New Construction _____% Commercial-New Construction _____%
 Custom Homes _____% Residential-Add On/Change-out _____% Commercial-Tenant Improvement _____%
 Other _____% Please describe other business type: _____

Anticipated Monthly Purchases from USACD: \$ _____ Requested Credit Limit: \$ _____

Bank References

Bank Name	Branch	City	Phone:	Account#
1.				
2.				

Present or Previous Material Suppliers and Trade References		Your Company's Duns Number:		
Supplier Name	Account#	Phone#	Credit Limit Granted by Your Supplier	
1.				
2.				
3.				

Accounts Payable contact name and email address:	Purchase order required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please furnish a list of authorized purchasers/technicians and/or specific purchase order requirements required by your company:	

ACCOUNT AGREEMENT AND TERMS OF SALE

The undersigned hereby applies to US Air Conditioning Distributors, LLC (herein referred to as USACD LLC) for credit. It is understood and agreed that the undersigned authorizes USACD LLC to obtain information and reports from your banks, financial institutions, business credit bureaus, trade suppliers, consumer credit bureaus, and/or public record repositories for the purpose of evaluating credit. If credit is extended, customer will be notified and by accepting the extension agrees to be bound by the terms herein stated. The limits of credit extended maybe adjusted by USACD LLC at any time and on any basis it deems appropriate with or without notice to Customer. Current accounts can deduct 1% if payment is received by the 10th of the month following purchase. Full payment is due on the 11th of the month of the month following purchase. USACD LLC shall have the right to charge, if payments are not made pursuant to the terms of USACD LLC, a liquidated damage charge (commonly known as a service charge) of 1 ½ % per month will be billed to your account. Upon a change in principals or the legal identity of the company, applicant will give written notice within 15 days to the credit department of USACD LLC. US Air Conditioning Distributors, LLC Standard Terms and Conditions of Quotation and Sales (located on our website under [Legal / Terms and Conditions of Use](#)) are incorporated herein and binding upon principles and guarantors as Conditions of Sale. By furnishing E-Contact Information, Applicant agrees to opt-in for electric delivery of invoices, statements, product/marketing information, and service alerts. Should suit or collections be instituted to collect any debts of the undersigned, the undersigned agrees to pay all actual costs of collection and attorney's fees.

Date: _____

Signature of principle, owner, officer, or authorized employee

Type or Print Name person signing Account Agreement

PERSONAL GUARANTEE

In consideration of credit granted by US Air Conditioning Distributors, LLC, the undersigned personally guarantees any and all charges and / or money due US Air Conditioning Distributors, LLC. This sum to include any and all attorney's fees and collection costs. This instrument shall be a continuing guarantee, and the liability of guarantor here under shall not be deemed to be released or discharged or in anywise affected by any extension of time granted to principal, or by any other modification of the terms of the obligation or obligations as between creditor and principal, or by any change in the membership or ownership of Creditor or Principal, or either of them by the substitution for any of them of a corporation, co-partnership, association or individual as its successor in business, but this guarantee shall bind guarantor, his heirs, executors, and administrators and shall run in favor of Creditor, its successors and assigns and shall apply to any obligations incurred by Principal, his heirs, executors, administrators and assigns. Guarantor reserves the right of terminating this guarantee by giving notice of election so to do by registered mail addresses to Creditor at Creditor's place of business and such termination shall be effective upon the date of receipt of such notice. The termination of this agreement in accordance with the provisions of this paragraph shall not relieve or release guarantor from liability for debts and obligations of Principal to Creditor arising from goods shipped by Creditor to Principal prior to the effective date of such termination. In the event payment is demanded by US Air Conditioning Distributors, LLC, the undersigned agrees to make payment immediately.

Date: _____

Signature of Guarantor

Witness to Guarantee

Type or Print name of Guarantor

Type or Print name of Witness