



Your Supply Center Since 1937

Air Conditioning-Refrigeration-Heating-Controls
Equipment-Parts-Tools-Supplies-Service-Delivery-Dependability
www.swhsupply.com www.mightyspecial.com info@swhsupply.com

APPLICATION FOR CREDIT

Organization's name _____ Date organization began _____ State _____

Billing address _____ City, State, Zip _____

Delivery address _____ City, State, Zip _____

A/P contact _____ Phone # _____ Fax # _____

Cell phone/pager # _____ E-mail address _____ Federal ID # _____

Organization is a (check one): sole proprietorship _____ partnership _____ limited liability company _____ corporation _____
charitable organization _____ educational organization _____ government _____ other _____

Describe the nature of your business/organization _____

Has this organization/individual ever filed bankruptcy? _____ If yes, date filed: _____

Owners and/or officers:

	<u>Name</u>	<u>Title</u>	<u>S.S.#</u>	<u>Home Address</u>	<u>Phone #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Do you also sell to SWH? _____ If yes, do we have an account with you? _____ Our account # with you is _____

Sales tax: Do you have a resale or exemption certificate? _____ Does the resale or exemption certificate apply to your purchases at _____

SWH? _____ Please attach your completed and signed certificate, if applicable to SWH purchases.

Trade references (Give complete addresses, phone numbers and account numbers.)

Name _____ Address _____ Account # _____

City, state, zip _____ Phone # (____) _____ Email _____

Name _____ Address _____ Account # _____

City, state, zip _____ Phone # (____) _____ Email _____

Name _____ Address _____ Account # _____

City, state, zip _____ Phone # (____) _____ Email _____

Louisville
242 East Main Street
Louisville, KY 40202
(502) 589-9287 FAX
(502) 562-2261
1-800-866-6672

Jeffersontown
11208 Bluegrass Parkway
Jeffersontown, KY 40299
(502) 261-9287
FAX (502) 261-9900

Lexington
1290 Industry Road
Lexington, KY 40505
(859) 254-8273
FAX (859) 281-1048
1-800-928-0010

Cincinnati
5197 Fishwick Drive
Cincinnati, OH 45216
(513) 641-4422
FAX (513) 641-4423

Bank name _____ Acct. # _____ Branch _____ Contact _____

Address _____ City, State, Zip _____ Phone # _____

We also accept Mastercard, Visa, American Express and Discover credit cards. Would you prefer to pay by credit card? _____

If so, what is the credit card company name? _____ Card number _____ Expiration date _____

What is the name on the credit card? _____

Do you want a monthly statement? _____ If yes, should the statement be faxed? _____ or e-mailed? _____

What SWH location(s) will be your primary purchasing center? _____ Louisville, KY _____ Lexington, KY

_____ Jeffersontown, KY _____ Cincinnati, OH

Do you require purchase orders for all invoices? _____ Do you require job numbers for all invoices? _____

Method of invoice delivery: _____ Fax _____ E-mail _____

Primary purchasing center _____ Address _____

Purchasing contact _____ Phone # _____ Fax # _____ E-mail _____

Address _____ City, State, Zip _____

Hazardous materials coordinator _____ Phone # _____ Fax # _____

Address _____ City, State, Zip _____

Authorized purchasers _____

THE FOLLOWING TERMS OF SALE ARE AGREED TO AND ACCEPTED:

- 1. Credit terms are net 30 days.**
- 2. To any invoice not paid in accordance with its terms, there may be added thereto, a late charge at the rate of 1.5% per month or the maximum rate by law if less than 1.5% per month on the unpaid balance for each month, or fraction of a month, that such balance remains unpaid.**
- 3. In the event of default in payment, and our account is placed with a collection agency and/or attorney, we agree to pay all costs of collection including attorneys' fees.**

Signature _____

Date _____

Print Name _____

Title _____

REFRIGERANT RECOVERY CERTIFICATION INFORMATION

Name _____ SWH account # _____

Address _____ City _____ State _____

Zip code (9 digit) _____ Phone # _____ Fax # _____

A LEGIBLE PHOTOCOPY OF THE CERTIFICATION CARD(S) MUST BE ATTACHED.

Certified Company Representative

Name _____ Type _____ Certifying Organization _____ ID# _____

IMPORTANT: If the person listed above leaves your company's employ, it is the responsibility of an officer or other responsible person employed by your company to update this form. This is the only copy of this form you will receive from SWH Supply Company. Please reproduce as necessary. An acknowledgment of receipt of this and consequential form will not be sent.

In an effort to maintain accurate records, SWH is requesting that you also provide certification information for ALL technicians employed by your company. Please complete the information below.

Certified Technicians

Name _____ Type _____ Certifying Organization _____ ID# _____

Name _____ Type _____ Certifying Organization _____ ID# _____

Name _____ Type _____ Certifying Organization _____ ID# _____

Name _____ Type _____ Certifying Organization _____ ID# _____

The following MUST be signed by an officer or other responsible person employed by your company:

I certify on behalf of (company name) _____ that the information provided on this form is true and accurate.

Signature _____

Date _____

Print Name _____

Title _____