



# Comfort Control Supply Co., Inc. dba JOHNSTONE SUPPLY

www.johnstone-westmichigan.com

MUSKEGON: 1840 Industrial Blvd, 49442 • 231-777-2727 • fax 777-1730 • 1-800-442-0271  
GRAND RAPIDS: 4757 Clyde Park SW, 49509 • 616-532-8188 • fax 532-0523 • 1-800-825-5525  
KALAMAZOO: 1000 King Highway, 49001 • 269-978-1600 • fax 978-1630 • 1-888-978-6363  
HOLLAND: 11373 E Lakewood Blvd, 49424 • 616-392-9239 • fax 394-9277 • 1-888-267-0030

## APPLICATION FOR OPEN ACCOUNT

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Principals \_\_\_\_\_

Name Title SS Number

Name Title SS Number

Accounts Payable Contact: \_\_\_\_\_

Type of Business \_\_\_\_\_

Heating Cooling Refrigeration Plumbing Etc.

Date Business Established \_\_\_\_\_ Years at Present Address \_\_\_\_\_

Ownership:  Corporation  Partnership  Sole Owner  Limited Liability Co.  Limited Partnership

Was the business operated under any other name in the last 5 years?  Yes  No

List any other names you use, do business under, or are known as: \_\_\_\_\_

### Bank Reference

Savings  Checking  Loan

Bank Name	Account #	Contact
Address	City State Zip	Telephone

Commercial Trade References: Give only names of those you buy from on OPEN ACCOUNT.  
References will not be considered valid unless FULL NAMES, ADDRESSES and PHONE NUMBERS are included.

Name	Address	City	State	Zip	Phone	Fax
Name	Address	City	State	Zip	Phone	Fax
Name	Address	City	State	Zip	Phone	Fax

Monthly Credit Desired \$ \_\_\_\_\_

Resale Permit Number \_\_\_\_\_

Purchase Order Required  
 yes  no

Authorized Buyers \_\_\_\_\_

Statements & Invoices Received by:  E-mail  Fax  Mail

# MICHIGAN SALES TAX CERTIFICATE

The undersigned purchaser, being fully informed concerning the Michigan Sales and Use Tax Acts and their rules and regulations, hereby certifies to Comfort Control Supply Co., Inc. that he is either legally subject to such taxes or is entitled to exemption from such taxes by reason of one or more of the classifications listed below.

- SUBJECT TO STATE SALES AND USE TAXES.
- EXEMPT, AS SALES AND/OR USE TAXES WILL BE PAID BY US DIRECTLY TO THE STATE.
- EXEMPT, AS EQUIPMENT AND PARTS ARE TO BE USED IN INDUSTRIAL PROCESSING.
- EXEMPT, AS EQUIPMENT AND PARTS ARE PURCHASED FOR RESALE.

OUR MICHIGAN SALES TAX LICENSE NUMBER IS \_\_\_\_\_

- EXEMPT FOR OTHER REASONS SPECIFIED. \_\_\_\_\_

The undersigned hereby makes this certificate a part of each order, and agrees to reimburse the seller for any deficiencies imposed by the State of Michigan for any violation of such rules and regulations. This certificate shall remain in effect for the period for which the State of Michigan shall hold the seller liable.

Authorized Signature (Owner, Partner or Corporate Officer)

## LICENSING INFORMATION

Comfort Control Supply Co., Inc. sells gas fired or compressor bearing equipment only to firms or individuals holding a current "State of Michigan Mechanical Contractors License." Please indicate below and **attach a copy of the primary license of record** for your account.

License Issued To

License #

License Expiration Date

## REFRIGERANT CERTIFICATION

By order of the EPA, Comfort Control Supply Co., Inc. may sell refrigerant and certain items utilizing refrigerant only to individuals that hold a valid EPA certification card. Please fill out the following information for our records and **attach copies of the individual certification cards**, as required by the EPA.

Name

Certification Number

Certification Levels

Issuing Organization

## LIABILITY INSURANCE

Please list your insurance carrier and policy number below:

Policy Carrier

Policy Number

**Credit Terms:** Unless otherwise specified, our terms are net 15th prox. and service charge of 1.5% per month. Thereafter, Comfort Control Supply Co., Inc. (hereinafter "Johnstone") is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit. Service charges at the highest rate permitted by state law will be applied to past due accounts. Should Johnstone initiate any action to force collection of any sums due Johnstone or its successor, the actual Applicant and Guarantor agree to pay all costs incurred by Johnstone in connection therewith, including reasonable attorney fees. In the event an action is brought by Johnstone to this Account Application arising out of or in an action brought by any party to this Account Application, the parties agree that such action may be brought in federal or state court of competent jurisdiction located in the City of Grand Rapids, Holland, Kalamazoo or Muskegon located in Kent, Ottawa, Kalamazoo and Muskegon County respectively, Michigan.

We agree to accept credit terms as above and accept full financial responsibility for all charges made to our account. We swear that the information given is true and correct.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

THE UNDERSIGNED PERSONALLY GUARANTEE(S) PAYMENT OF ANY DEBTS INCURRED BY THE ABOVE-NAMED COMPANY, CORPORATION, AGENTS, SUCCESSORS OR ITS AFFILIATES.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



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### \*\*\* RELEASE OF CREDIT REPORT \*\*\*

The undersigned hereby consent(s) to the use by Comfort Control Supply Co., Inc. (dba Johnstone Supply) of a non-business consumer credit report on the undersigned, in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this Account Application.

The undersigned hereby authorizes Johnstone to utilize a consumer credit report on the undersigned from time to time in connection with the extension of continuation of the business credit represented by this Account Application.

The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C 1681, et seq.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*NOTE: ALL INDIVIDUALS LISTED UNDER "PRINCIPAL(S) AND/OR GUARANTOR(S)" ON PAGES 2 AND 3 MUST SIGN\*\***