



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: 2127 112th Ave Suit A, 49424 • 616-392-9239 • fax 394-9277 • 1-888-267-0030
 COMSTOCK PARK: 3642 Mill Creek Dr NE, 49321 • 616-784-0808 • fax 784-0011

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
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Name	Title	SS Number
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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 <input type="checkbox"/> yes <input type="checkbox"/> no
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Authorized Buyers _____

Statements & Invoices Received by: E-mail Fax

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: _____