



HVAC WHOLESALE DISTRIBUTOR

1460 New Ashland City Rd.
Clarksville, TN 37041
931.802.6050

1410 Imperial Drive
Cookeville, TN 38506
931.432.0569

1725 Columbia Ave., Suite 105
Franklin, TN 37064
615.786.9640

525 Steam Plant Road
Gallatin, TN 37066
615.527.0150

608 Business Park Lane
Knoxville, TN 37932
865.675.2774

511-B Middle Tennessee Blvd
Murfreesboro, TN 37129
615.907.1120

1645 Murfreesboro Pike,
Suite M
Nashville, TN 37217
615.244.0920

Comfort Supply was founded in 1971 as one of Middle Tennessee's first HVAC wholesalers. We are a one-stop location for your residential and commercial HVAC products. Comfort Supply carries a complete line of residential and light commercial HVAC equipment from Ruud. For more than 35 years, Comfort Supply has been one of Middle Tennessee's leading wholesale distributors. Let us put our experience to work for you! Visit us at www.comforttn.com.

APPLICATION GUIDELINES

Individual and Partnerships :

- For Company name, list individual's name d/b/a company name
- If partnership, list all partner's names then the d/b/a name

Corporations and LLC:

- On application and guaranty, the corporate name must be listed exactly as the name listed with the Secretary of State's office.
- Make sure the owner/partners sign and date with their proper titles

Comfort Supply Terms and Conditions:

Payment terms are Net 30 days from invoice date.

Finance charges of 1.75% incur on all debts that are past due 31 days.

Open Accounts are reviewed monthly and will be placed on COD in the following instances: 1.) Balance owed is in excess of credit limit and over 30 days past due or 2.) Balance is in excess of 60 days past due

Checks returned unpaid will be assessed a \$25.00 fee and account will be placed on HOLD until check is replaced with cash or certified funds.

Payment Remit to Address:

Comfort Supply Inc. • 1645 Murfreesboro Pike, Suite M • Nashville, TN 37217



HVAC WHOLESALE DISTRIBUTOR

1645 Murfreesboro Pike, Suite M, Nashville TN 37217
Main: 615.244.0920 Toll Free: 800.467.4235 Fax: 615.242.8444

Credit Application

Legal Name _____

Trade Name _____

Billing Address _____

(If there are multiple locations, please attach separate sheet.) Street Address City ST ZIP

Billing Phone #: _____ Fax #: _____

Cell Phone #: _____ Home Phone #: _____

Shipping Address _____

Shipping Phone # _____ Fax #: _____ Street Address City ST ZIP

Federal ID. # _____ Date Business Started _____

EMAIL ADDRESS _____

TYPE OF ORGANIZATION: (Please check only one)

Proprietorship Partnership Corporation Other (Please explain)

Nature of business _____

NAMES OF PRINCIPALS:

Table with 4 columns: Name, Title, Home Street Address, Social Security#

Have you personally, or as a principal officer of a business, filed for bankruptcy within the last 5 years? _____

Have you ever had an account with this company? _____ If so, when _____

Please indicate if purchases are taxable or non-taxable:

- Taxable - will pay sales tax on all taxable purchases
Non-taxable - Please enclose a completed Sales Tax Exemption Certificate. (If you do not provide us with a valid, complete certificate, tax must be charged.)

Persons Authorized to Purchase For the Company

Accounts Payable Contact

Purchase Order (PO) required? Yes No

Estimated Monthly Purchases _____

(Over Please)

TRADE REFERENCE (DO NOT SUBMIT SECURED CREDITOR REFERENCES)

1. Name _____ Your Account # _____
Address _____

Contact _____ *Street Address* _____ *City* _____ *ST* _____ *ZIP* _____
Phone # _____ Fax # _____

2. Name _____ Your Account # _____
Address _____

Contact _____ *Street Address* _____ *City* _____ *ST* _____ *ZIP* _____
Phone # _____ Fax # _____

3. Name _____ Your Account # _____
Address _____

Contact _____ *Street Address* _____ *City* _____ *ST* _____ *ZIP* _____
Phone # _____ Fax # _____

BANK REFERENCES

Bank Name _____

Address _____
Street Address _____ *City* _____ *ST* _____ *ZIP* _____

Bank Officer _____ Phone # _____

Type of Account _____

Savings _____ Acct # _____ Commercial Loan(s) _____

Checking _____ Acct # _____ Floor Plan Limit _____

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I (WE) HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL, TO THE BEST OF OUR KNOWLEDGE AND THAT YOU WILL BE ADVISED IN THE FUTURE IF THERE ARE ANY CHANGES. FURTHER, I (WE) AGREE TO PAY ALL DEBTS ON OR BEFORE THEIR DUE DATES AND SHOULD I (WE) FAIL TO DO SO, AGREE TO PAY 1-3/4% PER MONTH SERVICE CHARGE ON ALL DEBTS 30 DAYS OR MORE PAST DUE. IN THE EVENT ANY COLLECTION ACTION IS TAKEN, I WILL PAY ALL COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES, RELATING TO THIS ACTION. I (WE) AGREE THAT LITIGATION REGARDING ANY DEBT WILL BE ADJUDICATED IN DAVIDSON COUNTY, TENNESSEE. I ALSO CONSENT TO THE RELEASE OF CREDIT INFORMATION TO COMFORT SUPPLY FOR ALL BANK AND TRADE REFERENCES SUPPLIED ON THIS CREDIT APPLICATION.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

By _____
Company _____ Title _____ Date _____

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PERSONAL GUARANTEE

COMPANIES WHICH DO NOT SUBMIT FINANCIAL STATEMENTS DEMONSTRATING A NET WORTH OF AT LEAST \$20,000 MUST HAVE THE PRESIDENT OR OWNER SIGN THE PERSONAL GUARANTEE.

I, _____; for and in consideration of your credit at my request to the above Company, hereby personally guarantee to you the payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed and submit personal financial statements.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signature: _____ Date _____

Personal Signature Only

Home Address: _____
Street Address _____ *City* _____ *ST* _____ *ZIP* _____

Social Security# _____

Want Faster Processing?

We can send invoices and/or statements via fax or email! Of course, your invoices will still be available 24/7 on our website, www.comforttn.com. If you would like to take advantage of this method of receiving the documents you need, just send us your preference by faxing this notice to (615) 724-0283, or send an e-mail to jrinaldo@comforttn.com.

I prefer invoices/statements via fax at ()_____.

I prefer invoices/statements via email at _____.

Pricing Option:

Would you like to have the prices printed on your Shipping Tickets?

Yes _____

No _____

Thank you for choosing Comfort Supply!

Joe Rinaldo
Credit Manager
Direct Line: (615) 244-0923
jrinaldo@comforttn.com



CLARKSVILLE - COOKEVILLE - MURFREESBORO - NASHVILLE - KNOXVILLE - FRANKLIN