TEMPERATURE CONTROL SYSTEMS, INC.
APPLICATION FOR CREDIT

PLEASE RETURN TO THE ACCOUNTING OFFICE: accounting@temperaturecontrolsystems.com
Or by fax to: 214-341-5087

APPLICATION MUST BE COMPLETED AND SIGNED TO BE PROCESSED FOR CREDIT ACCOUNT. YOU MAY SUBMIT A LIST OF CREDIT REFERENCES IN PLACE OF COMPLETING THE CREDIT REFERENCE SECTION. INCOMPLETE APPLICATIONS ARE SUBJECT TO REFUSAL OF CREDIT.

COMPANY NAME:_____

dba (if applicable)**:**_____

ADDRESS
BILLING: _____
STREET/P.O. BOX CITY/STATE ZIP

PHYSICAL: _____
FOR DELIVERY CITY/STATE ZIP

PHONES:
ACCOUNTING: [ ] _____-_____ FAX: [ ] _____-_____

PURCHASING: [ ]_____-_____ FAX [ ] _____ - _____

CONTACTS:
ACCOUNTING: _____ PURCHASING: _____

E-MAIL ADDRESS FOR ACCOUNTS PAYABLE_____

ARE PURCHASE ORDER NUMBERS REQUIRED: [ ] YES [ ] NO

SALES TAX EXEMPTION [ ] TAXABLE [ ] NONTAXABLE – ATTACH EXEMPTION FORM

OUR TERMS ARE NET 30 DAYS FROM THE INVOICE DATE
REMIT TO: P.O. BOX 550249, DALLAS, TX 75355-0249

DATE BUSINESS ESTABLISHED: _____ D & B RATED [ ] YES [ ] NO
DUN & BRADSTREET NUMBER: _____ FEDERAL TAX ID# _____
[ ] CORPORATION [ ] LIMITED PARTNERSHIP [ ] JOINT VENTURE [ ] MANAGEMENT
[ ] SOLE PROPRIETORSHIP/INDIVIDUAL

IF YOU ARE A SOLE PROPRIETORSHIP/INDIVIDUAL OR AGENT FOR/MANAGEMENT, YOU MUST COMPLETE THE FOLLOWING FOR THE APPLICATION TO BE PROCESSED.

OWNERS NAME: _____

HOME ADDRESS: _____
STREET/P.O.BOX CITY/STATE ZIP
HOME PHONE: [ ] ____ - _____ SOCIAL SECURITY #: _____

SIGNATURE: _____
OWNER OR AUTHORIZED AGENT

TYPE OF BUSINESS:

[____] MANAUFACTURING [____] SERVICE/HVAC [___] MEDICAL
[____] GOVERNMENT [____] MANAGEMENT [___] OTHER: _____

LINE OF CREDIT REQUESTING: $_____

CREDIT REFERENCES:

1) NAME: _____

ADDRESS: _____
STREET/P.O.BOX CITY/STATE ZIP

EMAIL ADDRESS: _____

PHONE# [ ] ____ - _____ FAX# [ ] ____ - _____

2) NAME: _____

ADDRESS: _____
STREET/P.O. BOX CITY/STATE ZIP

EMAIL ADDRESS: _____

PHONE# [ ] ____ - _____ FAX [ ] _____ - _____

3) NAME: _____

ADDRESS: _____
STREET/P.O. BOX CITY/STATE ZIP

EMAIL ADDRESS: _____

PHONE# [ ] ____ - _____ FAX [ ] _____ - _____

OFFICERS OF THE COMPANY: (MUST BE COMPLETED) PLEASE PRINT

1) _____ _____
NAME TITLE

2) _____ _____
NAME TITLE

WE THE UNDERSIGNED, AND ANY OR ALL THEIR PARTIES PERTAINING TO THIS APPLICATION FOR CREDIT AGREE THAT AT ANYTIME SHOULD THIS ACCOUNT BECOME IN ARREARS, LEADING TO THE OUTSIDE COLLECTION OF THIS ACCOUNT BY SOURCES OTHER THAN OUR OWN, THAT ALL FEES ACCRUED PERTAINING TO THE COLLECTION OF SAID ACCOUNT WILL BE THE RESPONSIBILITY OF SAID APPLICANT AND NOT THOSE OF TEMPERATURE CONTROL SYSTEMS, INC.

_____ _____
SIGNATURE OF OWNER/AUTHORIZED AGENT FOR **DATE**

WE, THE UNDERSIGNED, CERTIFY THAT WE ARE AUTHORIZED TO SEEK CREDIT FROM TEMPERATURE CONTROL SYSTEMS FOR THE COMPANY OR INDIVIDUAL NAMED ON THIS APPLICATION TO BE IN FORM OF A CHARGE ACCOUNT AND THAT WE UNDERSTAND AND WILL COMPLY WITH THE TERMS AND CREDIT LIMITS OF THE ACCOUNT AS SET FORTH.

_____ _____
SIGNATURE OF OWNER/AUTHORIZED AGENT FOR **DATE**

ALL LOCATIONS TO SERVE YOU: TEMPERATURE CONTROL SYSTEMS, INC.

10315 BROCKWOOD RD.
DALLAS, TX 75238
SALES: 214-343-1444
FAX: 214-343-2106

3007 LONGHORN BLVD. #105
AUSTIN, TX 78758
SALES: 512-339-8555
FAX: 512-339-2224

2603 SOUTHWELL # 101
DALLAS, TX 75229
SALES: 972-241-7086
FAX: 972-247-7288

11363 E. 60th PLACE, #100
TULSA, OK 74146
SALES: 918-459-9839
FAX: 918-459-7586

6504 MIDWAY RD # 100
FT. WORTH, TX 76117
SALES: 817-222-0200
FAX: 817-222-0331

219 N.E. 38th STREET
OKLA. CITY, OK 73105
SALES: 405-557-1986
FAX: 405-557-1720