



**TEMPERATURE EQUIPMENT CORPORATION  
THE HARRY ALTER COMPANY/BRYANT MUNGO**

17725 Volbrecht Road, Lansing, IL 60438 Credit Department Phone 708-418-7920 Fax 708-868-7009



**CREDIT APPLICATION DATED AS OF:** \_\_\_\_\_

TO OBTAIN CREDIT FROM CREDITOR, CUSTOMER AGREES TO CREDITOR'S USUAL TERMS AND CONDITIONS AS PROMULGATED AND AMENDED BY CREDITOR FROM TIME TO TIME, AND REPRESENTS AND STATES THE FOLLOWING, AND AUTHORIZES RELEASE OF ANY INFORMATION PERTAINING TO CUSTOMER'S FINANCIAL CONDITIONS FROM ANY THIRD PARTIES WHICH MAY VERIFY SAME:

“CREDITOR” is Temperature Equipment Corporation

**BUSINESS NAME AND ADDRESS**

**SOLE OWNER**                       **PARTNERSHIP**                       **CORPORATION**                       **LLC**

“CUSTOMER” is \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Fax# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax Exempt# \_\_\_\_\_

Federal ID # \_\_\_\_\_ State of Incorporation \_\_\_\_\_ State of Charter \_\_\_\_\_

**IF SOLE OWNER OR PARTNERSHIP PLEASE COMPLETE THE FOLLOWING:**

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (OTHER PARTNERS ATTACH LIST)

**IF CORPORATION OR LLC PLEASE LIST:**

Officers: (President) \_\_\_\_\_

(Vice President) \_\_\_\_\_

(Treasurer) \_\_\_\_\_

(Manager) \_\_\_\_\_

TOTAL EMPLOYEES OF YOUR BUSINESS: \_\_\_\_\_ YEAR BUSINESS STARTED: \_\_\_\_\_

DUNS # \_\_\_\_\_ YEARLY SALES \$ \_\_\_\_\_

OTHER NAMES DOING: (1) \_\_\_\_\_

BUSINESS UNDER (2) \_\_\_\_\_

OTHER BUSINESS ADDRESSES: (1) \_\_\_\_\_

(INCLUDE SHIPPING BRANCH) \_\_\_\_\_

(2) \_\_\_\_\_

(IF ADDITIONAL TRADE NAMES OR ADDRESSES—ATTACH LISTING OF EACH)

**BUSINESS BANK ACCOUNT & REFERENCE:** \_\_\_\_\_  
 ADDRESS OF BANK: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_ TELEPHONE# \_\_\_\_\_  
 \_\_\_\_\_ FAX # \_\_\_\_\_

**BUSINESS REFERENCES: LIST AT LEAST THREE, Additional references may be submitted on a separate sheet**

<u>NAME</u>	<u>ADDRESS</u>	<u>CONTACT PERSON TELEPHONE AND FAX NUMBER</u>
1) _____ ACCOUNT # _____ SECURED Y / N _____	_____ COLLATERAL _____	_____ _____ _____
2) _____ ACCOUNT # _____ SECURED Y / N _____	_____ COLLATERAL _____	_____ _____ _____
3) _____ ACCOUNT # _____ SECURED Y / N _____	_____ COLLATERAL _____	_____ _____ _____

\*\*\*\*IMPORTANT: PLEASE ATTACH CURRENT FINANCIAL STATEMENT \*\*\*\*

Do you require a purchase order? \_\_\_\_\_ Do you require a job name? \_\_\_\_\_  
 How would you like to receive your invoices? Mail Fax E-Mail (circle one)

Terms and Conditions:

- The undersigned hereby represents that all of the information contained above hereof is true and that said representations are made for the purpose of obtaining credit from Temperature Equipment Corporation and its divisions, and in return for the extension of credit, the undersigned hereby agrees to all of the foregoing terms and conditions.
- There are no understandings or agreements between buyer and seller other than those fully expressed and contained herein and no agent or salesman of seller has any authority to obligate seller by any terms, guarantees, warranties, stipulations or conditions not mentioned.
- Our terms of sale are 1% 10<sup>th</sup> prox net 30th.
- CUSTOMER AGREES TO PAY SERVICE CHARGES OF 2% PER MONTH ON THE BALANCE AT EACH MONTH END 60 DAYS OR OLDER.
- IN EVENT CUSTOMER'S ACCOUNT IS PLACED FOR COLLECTION, CUSTOMER AGREES TO COLLECTION AND/OR ATTORNEY FEES OF 25% OF THE AMOUNT OWED. IF ANY MATTER HEREUNDER GOES TO LITIGATION, CUSTOMER AGREES TO THE EXCLUSIVE JURISDICTION OF THE CIRCUIT COURT OF COOK COUNTY.
- Retention will not be accepted.
- All returns must have written authorization and are subject to a minimum 15% re-stocking charge.
- All checks returned unpaid are subject to a charge of \$50.00 or 2% of the check; whichever is greater.
- All deductions from payments must include complete detail as to the reason behind the deduction. Deductions older than six (6) months will not be accepted. Payments received without remittance advice will be applied to service charges first.

ALL PARTNERS OR OFFICERS OF CUSTOMER SHOULD SIGN AND BE BOUND PERSONALLY BY ALL STATEMENTS HEREIN:

(SIGN) \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_  
 (SIGN) \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_  
 (SIGN) \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_

FOR TEC USE ONLY: DATE APPROVED OR DENIED \_\_\_\_\_

TM# \_\_\_\_\_ CR LIMIT \_\_\_\_\_ COLLECTOR \_\_\_\_\_ NAME \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ BRANCH# \_\_\_\_\_