



TEMPERATURE EQUIPMENT CORPORATION
THE HARRY ALTER COMPANY BRYANT MUNGO NATIONAL EXCELSIOR COMPANY
 18500 NORTH CREEK DRIVE, TINLEY PARK, IL 60477
 Credit Department Phone 708-418-7920 Fax 708-868-7009
 CORPORATE ADDRESS 17725 VOLBRECHT ROAD, LANSING, IL 60438

CREDIT APPLICATION DATED AS OF: _____ **CREDIT LIMIT REQUESTED** _____

TO OBTAIN CREDIT FROM SELLER, CUSTOMER AGREES TO SELLER'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:

BUSINESS NAME AND ADDRESS

CIRCLE ONE: SOLE OWNER PARTNERSHIP CORPORATION LLC NON-PROFIT OTHER _____

"CUSTOMER" is _____ Phone# _____

Address: _____ Fax# _____

City: _____ State: _____ Zip Code: _____ Tax Exempt# _____

Federal ID # _____ State of Incorporation _____ Web Site _____ **(Attach copy of Certificate)**

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

IF SOLE OWNER OR PARTNERSHIP PLEASE COMPLETE THE FOLLOWING SECTION:

(Title) _____ Name _____ Social Sec. # _____

Address _____ Home Phone _____ Business Phone _____

City _____ State _____ Zip Code _____

(Title) _____ 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) _____

ORGANIZATIONAL HISTORY

YEAR BUSINESS STARTED: _____
 # OF EMPLOYEES: _____
 YEARLY SALES \$ _____
 TYPE OF BUSINESS _____

% OF WORK _____ RESIDENTIAL _____ COMMERCIAL _____ SERVICE _____ OTHER _____

PLEASE CHECK ALL AREAS OF INTEREST.

TEC/CARRIER/BRYANT _____

EXCELSIOR _____

HARRY ALTER _____

Purchase Order Required? Y/N _____ (specify ie: #'s, letters, letters & #'s) _____ Job Name Required? Y/N _____

Select method for receipt of invoices and statements (select one): FAX/ E-MAIL
 Enter FAX# or E-Mail Address for receipt of invoices and statements _____

BUSINESS BANK ACCOUNT & REFERENCE: _____
ADDRESS OF BANK: _____ CONTACT: _____
CITY/STATE/ZIP CODE _____ TELEPHONE# _____
ACCOUNT NUMBER _____ FAX # _____

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

NAME	ADDRESS	TELEPHONE AND FAX NUMBER
1) _____	_____	_____
ACCOUNT # _____	_____	_____
2) _____	_____	_____
ACCOUNT # _____	_____	_____
3) _____	_____	_____
ACCOUNT # _____	_____	_____

Terms and Conditions:

Our standard terms offered to accounts with open account privileges are: 1% 10th prox net 30th

- 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, 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.
- You are permitted to take a 1% discount on all invoices by the 10th of the month following the purchase month. For example, the purchase made in June must be paid by July 10th to take advantage of the discount otherwise, payment in full is expected by July 31st. Payments are to be sent to our lock box or can be sent by Electronic Fund Transfer(EFT) if this is more convenient. Failure to secure payment from your customer is not something Seller can control and therefore cannot accept for a dispute cause or reason for not paying your account when due. Delivery may be withheld on orders pending credit approval, even in the case of orders formally accepted. Further shipments on open account will be stopped to any customer whose outstanding balance exceeds 60 days or more. Post-dated checks do not constitute payment.
- Failure of the dealer to stay consistently within our standard terms may result in the loss of your open account privileges and eligibility to participate in Seller incentive plans.
- CUSTOMER AGREES TO PAY SERVICE CHARGES NOT TO EXCEED 1.5% 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, STATE OF ILLINOIS.
- Retention will not be accepted.
- All returns must have written authorization and are subject to a minimum 30% re-stocking charge. All sales of non-stock items are final.
- All checks returned unpaid are subject to a charge of \$50.00 or 2% of the check; whichever is greater. Seller also reserves the right to charge \$5 for excessive requests for reprints of invoices, statements and proofs of delivery.
- 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.

I _____ DO HEREBY CERTIFY THAT IN MY CAPACITY AS _____ OF
(print name) (print title)
_____ THAT ALL INFORMATION ON THIS CREDIT APPLICATION IS ACCURATE & TRUE.
(print company name)

(SIGN) _____ (DATE) _____

FOR INTERNAL USE ONLY

DATE RECEIVED: _____ DATE REVIEWED: _____

CREDIT LIMIT ASSIGNED: _____ COLLECTOR _____

TM# _____ BRANCH# _____ EPA _____ MKT _____ PRICE LEVEL _____