



HVACR  
Supply +  
Solutions

49-70 31st Street  
Long Island City, NY 11101  
718-937-9000

## IMPORTANT NOTICE REGARDING YOUR CREDIT APPLICATION

If you fax or email your credit application to ABCO, you must also mail the original of the application to:

**ABCO HVACR Supply + Solutions**  
**Attention: Credit Department**  
31-00 47th Avenue, 5th Floor  
Long Island City, NY 11101

**Phone: 718-408-6222**

**Fax: 718-433-0436**

**Email: [creditapplications@abco.co](mailto:creditapplications@abco.co)**

We cannot complete the processing of your application without the original.  
**No exceptions can be made.**

Also, your personal guarantee should be submitted along with your application.

Thank you for your understanding and cooperation.

# Please provide us with a few details to set up your account.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ABCO Contact Person: \_\_\_\_\_

The undersigned Applicant hereby applies to open a monthly Credit Account with ABCO Refrigeration Supply Corp. (the "Seller"), and agrees to be liable as set forth below for all balances on accounts opened by the Seller for the Applicant.

Company Name (the "Applicant"): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Tax Payer ID or Soc. Sec. #: \_\_\_\_\_

Sales/Use Tax Information:  Taxable  Non-Taxable Resale  Tax Exempt **ATTACH APPROPRIATE CERTIFICATE**

Purchase Order Required Before Purchase?  Yes  No

Form of Business:  Sole Proprietorship  Partnership  Corporation  LLC

Type of Business: <input type="checkbox"/> HVAC/R Contractor <input type="checkbox"/> Restaurant Equipment Dealer <input type="checkbox"/> Institution (Hospital, School, etc.)
<input type="checkbox"/> OEM <input type="checkbox"/> Government (Local/State/Federal) <input type="checkbox"/> Property Management <input type="checkbox"/> Distributor <input type="checkbox"/> Other

Years in business: \_\_\_\_\_

EPA Certified:  Yes  No **IF YES, PLEASE ATTACH COPY OF YOUR EPA CERTIFICATE**

**Terms:**

1. Payment of all invoices is due thirty (30) days from the date of invoice.
2. A Service Charge of two percent (2%) per month will be added to any balance not paid within terms.
3. The Seller is authorized to obtain credit report(s) and information from any agencies or other entities chosen by it regarding the Applicant in connection with the processing of this application and at any future time so long there is any unpaid balance on the Applicant's account.
4. In the event the account is not timely paid and Seller retains the services of any collection agency or attorneys, then Applicant agrees to be responsible and pay for all costs of collection including reasonable attorneys' fees of twenty-five percent (25%) of the unpaid balance. In the event of any controversy hereunder, the parties agree to submit the same to the courts of the State of New York sitting in the County of Queens or the United States District Court for the Eastern District of New York, and the undersigned expressly submits himself/herself or itself to the personal jurisdiction of such courts.
5. The Seller, its subsidiaries and divisions make no warranties, express or implied, including any warranties of merchantability or fitness but will pay over to the original purchaser-user any sums obtained by Seller under a warranty made by the manufacturer of the materials sold by Seller.
- 6) All purchases from the Seller are subject to Seller's standard terms and conditions of sale.
- 7) By signing below, the signatory represents that he/she is an authorized representative of the Applicant and that the information provided is accurate.

X \_\_\_\_\_  
Signature of Owner, Officer or Delegated Purchasing Agent of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Signer

**Please complete all pages**



**CREDIT APPLICATION - Page 2**

Company Name \_\_\_\_\_

**List below the names of Officers, Partners, Managing Members, and/or Sole Proprietor**

Name	Social Security #	Home Address	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Trade Credit References and Required Information**

**1.** Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**2.** Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3.** Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Bank Name, Address, Phone & Account Number: \_\_\_\_\_  
\_\_\_\_\_

Assets (i.e., Real Estate or Securities): \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for credit with ABCO under any name?  Yes  No

If yes, under what name? \_\_\_\_\_



**GUARANTEE -- Required for Any Company Accounts**

Name of Applicant (Full Company Name): \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

To induce ABCO REFRIGERATION SUPPLY CORP., or any of its subsidiaries or affiliates (collectively, the "Seller") to sell merchandise to the Applicant on credit or other terms, but without in any way binding Seller to do so, the undersigned individuals, for good and valuable consideration, jointly and severally hereby personally and unconditionally guarantee the full and punctual payment of any and all debts, obligations and bills for invoices for merchandise sold by the SELLER to the Applicant, its agents or designees, delivered directly or indirectly, whether to the place of its business or other sites as directed by the Applicant, its agents or employees.

This guarantee shall continue in full force and effect until terminated as provided below. The undersigned expressly agree that this guarantee shall be in no way affected by the extensions of credit or time payment, and/or the acceptance by the SELLER of bills, checks and other instruments for the payment of money, and/or extensions of renewals thereof, even though same may be extended, given or accepted without notice to, or previous consent by the undersigned, without in any manner releasing or discharging the undersigned, jointly and severally, from their obligation hereunder. The undersigned waive any and all notice of shipments or delinquencies of any nature, unless required by statute. The undersigned waive all defenses except payment in full.

The undersigned further jointly and severally unconditionally promise and agree to be primarily liable so that in the case of failure of Applicant listed hereon to pay for merchandise sold by the SELLER, SELLER shall not be compelled to first proceed against the Applicant and the SELLER shall not be obliged to give any notice of any failure of the Applicant to pay for its merchandise. SELLER is hereby authorized to obtain credit report(s) from any agencies chosen by it regarding the undersigned in connection with the processing of this application and at any future time so long there is any unpaid balance on the Applicant's account. In the event the account is not timely paid and SELLER retains the services of any collection agency or attorneys, then the undersigned agree to be responsible and pay for all costs of collection, including reasonable attorneys' fees of twenty-five percent (25%) of any unpaid balance.

The undersigned may at any time terminate this guarantee by giving ten days notice in writing to the SELLER by certified mail, return receipt requested, to SELLER'S main office, whereupon the liability of the individual undersigned shall terminate as to deliveries made subsequent to the expiration date of said ten day period. This guarantee shall nevertheless continue in full force as to all deliveries made at any time prior to the expiration of said ten-day period.

This guarantee shall continue notwithstanding any change in organization, corporate setup or partnership change of the Seller or the Applicant: and it shall be binding upon the heirs, executors, administrators, and assigns of each of the undersigned. This guarantee shall be governed by New York State law and the terms may be changed only in writing by the Seller and the undersigned. In the event of any controversy hereunder, the parties agree to submit the same to the courts of the State of New York sitting in the County of Queens or the United States District Court for the Eastern District of New York, and the undersigned expressly submit(s) himself/herself/themselves to the personal jurisdiction of such courts.

Signature: X \_\_\_\_\_ Signature: X \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Guarantor Asset Information**

Bank Name, Address, Phone & Account Number: \_\_\_\_\_

\_\_\_\_\_

Assets (i.e., Real Estate or Securities): \_\_\_\_\_

\_\_\_\_\_



REQUEST FOR BANK INFORMATION

Date: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ hereby authorizes  
(Company Name)

\_\_\_\_\_ to release information  
(Bank)

regarding my account # \_\_\_\_\_

This request for account and credit information will be used to establish an open account with ABCO Refrigeration Supply Corp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

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

