

Dear Customer:

Thank you for your interest in becoming a valued customer of AACCA Parts and Supplies!

The attached credit application in full in order for us to accurately evaluate your credit and set up your account.

For your convenience, our application is also available online at:  
<http://www.aacapartsandsupplies.com/forms/>

**The following items must be submitted with your completed application:**

- Valid Photo ID\* for Owner and Persons Listed as Authorized to Charge
- A/C Contractor License or Registered Technician, (\*Required for equipment purchases)
- EPA Certification (\*Required for purchase of refrigerant and/or equipment containing refrigerant.)

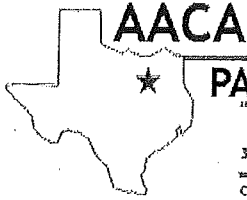
\*These items must be on file before we can release any merchandise.

We appreciate your business and will do our best to process your credit application as quickly as possible. Normal processing time is usually about 4 to 7 business days.

Thank you,

Credit Department

AACA Parts & Supplies  
3227 Military Parkway  
Mesquite TX 75149  
Phone (972) 289-5344  
Fax (972) 289-0760



# PARTS & SUPPLIES

"The 1<sup>st</sup> Choice for HVAC Supplies"

3227 Military Pkwy - Mesquite, TX 75149  
Corp-972-289-5344 Fax-972-289-0760

|                            |                    |
|----------------------------|--------------------|
| <b>FOR OFFICE USE ONLY</b> |                    |
| Credit Limit: _____        | Terms: _____       |
| Date: _____                | Approved By: _____ |
| Reviews/Changes: _____     |                    |
| _____                      |                    |
| _____                      |                    |

## CREDIT APPLICATION AND ACCOUNT AGREEMENT

(All information must be completed in full to be considered for credit)

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ Approximate Net Worth: \_\_\_\_\_

Type of Entity: (Check One) \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership

Dun & Bradstreet Number: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

### Principles of Business:

Owner(s) President: \_\_\_\_\_ SS# \_\_\_\_\_ TDL# \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Vice President: \_\_\_\_\_ SS# \_\_\_\_\_ TDL# \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

### Credit Account References: (This information **must** be completed in full)

| Vendor Name (No Credit Card Accounts) | Phone # | Fax # | Account # |
|---------------------------------------|---------|-------|-----------|
| _____                                 | _____   | _____ | _____     |
| _____                                 | _____   | _____ | _____     |
| _____                                 | _____   | _____ | _____     |
| _____                                 | _____   | _____ | _____     |

### Banking Relations:

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Bank Loans? Yes / No Loan # \_\_\_\_\_

### Billing Preferences:

Billing Contact / Position: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Prefer to receive Invoices by:  EMAIL  FAX  MAIL Statements by:  EMAIL  FAX  MAIL

Tax Exempt? No \_\_\_\_\_ Yes \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_ PO Required? \_\_\_\_\_

Person(s) Authorized to charge: \_\_\_\_\_

Misc. Information: \_\_\_\_\_

Terms and Conditions:

In consideration of the extension of credit by AACA Parts & Supplies (hereinafter referred to as AACA), the undersigned agrees: *The information contained in this form is true and correct. All information will be treated as strictly confidential.*

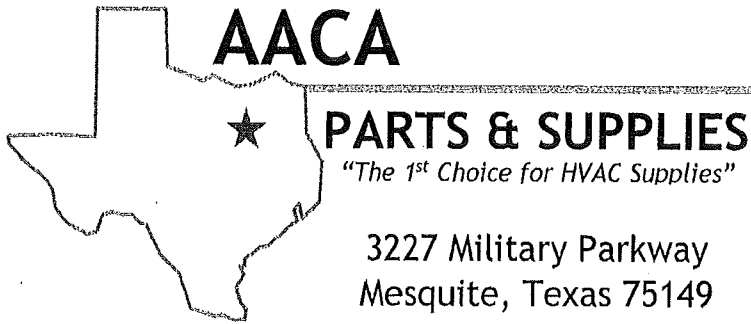
1. All accounts are subject to the credit limits set by our credit department. Terms will be determined by the Credit Department upon approval of this Credit Application and Account Agreement. Accounts not paid within terms are subject to a finance charge, to be included on monthly statements.
2. A finance charge will be assessed on all past due accounts at the highest rate allowed by law, in the amount of eighteen percent (18%) per annum. Accounts past due are subject to COD terms. Accounts exceeding credit limit are subject to credit hold until balance is below limit.
3. Invoices are due and payable at Mesquite, Dallas County, Texas. Sales tax will be charged on all materials purchased unless exemption certificate is provided. Payments are accepted by check, cashier's check, money order or cash. If paying at any location other than Mesquite, TX, please allow up to 3 business days for payment to post to your account.

ALL BILLS WILL BE PAID IN ACCORDANCE WITH OUR TERMS, REGARDLESS OF WHERE, WHEN, OR HOW THE MATERIAL PURCHASED FROM US MAY BE USED.

4. Payment made on account by credit card will assess a convenience fee of not less than 2%.
5. Merchandise returned is subject to a 10% restocking fee. Any damaged, mutilated, altered or otherwise unsellable merchandise cannot be returned.
6. Invoices are provided at the time of sale and, if requested, a copy will be sent on a weekly basis to the email or address provided on the billing preference form. Statements are sent out, if requested on Billing Preference Form, within the first 1-4 business days of each month.
7. In the event Applicant defaults in making payment for any purchases made pursuant hereto, or fails to comply with any of the terms and conditions of the invoices on which same shall be purchased, or if a proceeding in bankruptcy, receivership or insolvency be instituted by or against the purchaser of his property, the seller shall have the right, at it's election, with or without notice or demand, to declare the entire account of Applicant to be immediately due an payable. Applicant grants Seller a security interest in all goods purchased under this agreement.
8. In the event collection is made through an agency or attorney, reasonable attorney's fee and all other costs of collection shall be paid by the Applicant/Debtor.

In consideration of Applicant hereby verifies that he has read the foregoing terms of sale and Applicant hereby agrees to abide by the policies stated above in order to induce AACA Parts and Supplies to do business with and extend credit to Applicant. By signing below, the undersigned acknowledges, accepts, and agrees to AACA's Credit Terms of Sale listed above and certifies that the information given to AACA in this Credit Agreement is true and correct.

|   |       |
|---|-------|
| Company                                 | Date  |
| Print Name                              |       |
| Authorized Signature (Owner/Officer)    | Title |
| Print Name                              |       |
| Authorized Signature (Co-Owner/Officer) | Title |



**PERSONAL GUARANTEE**

I, \_\_\_\_\_, SS# \_\_\_\_\_, residing at

GUARANTOR NAME: (Please Print)

Home Address \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

in consideration of extending credit at my request to \_\_\_\_\_  
 Company (hereinafter referred to as the "Company")

by AACCA Parts & Supplies (hereinafter referred to as AACCA), hereby personally and irrevocably guarantee you the prompt payment of any obligation of the Company or its successor now or hereafter owed to AACCA by the Company when the Company fails to pay whether said sums are due under open account, contract or otherwise. 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.

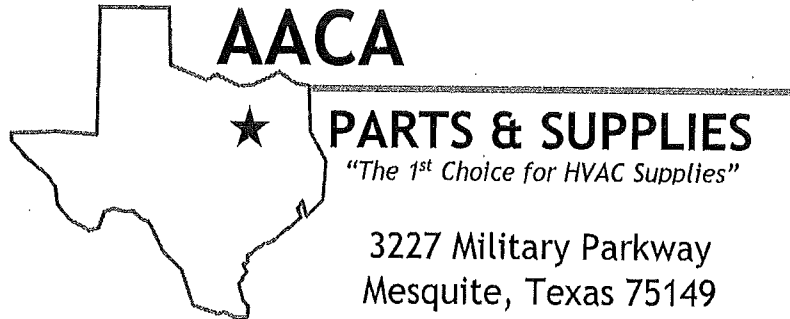
This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested by AACCA Parts and Supplies, or by personal delivery to the corporate office of AACCA. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Guarantor (Print Name) \_\_\_\_\_ Guarantor (Signature) \_\_\_\_\_

Guarantor Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Witness (Print Name) \_\_\_\_\_ Witness (Signature) \_\_\_\_\_

Date Signed \_\_\_\_\_



To Whom It May Concern:

I have applied to AACCA Parts and Supplies for the use of their financial services. The signature below will serve as authorization for AACCA Parts and Supplies to investigate my credit record and/or banking relations.

Sincerely,

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Authorized Signature

CC/AACA