



Refri Air Appliance Parts, Inc.

GENERAL APPLIANCES, AIR CONDITIONING & REFRIGERATION PARTS

7145 S.W. 8th Street
Miami, Florida 33144
Tel: (305) 266-7445

Date _____

Business Name: _____

Street Address: _____ City _____ State _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Type of Business: _____ Date Established: _____

Business Operates as: Corporation _____ Partnership _____ Sole Proprietor _____

Business Operates From: Residence _____ Shop _____ Office _____ Telephone No. _____

Business property is: Leased _____ Owned _____ If Owned, by whom _____

Number of Employees: Sales Force _____ Mechanics _____

Name and addresses of Principal owners or Officers and their titles:

Name Title: _____ Address _____ Phone No. _____

Name Title: _____ Address _____ Phone No. _____

Name Title: _____ Address _____ Phone No. _____

Email: _____

Have you ever had business with REFRI AIR APP PARTS before _____ If so, when and where _____

Will you pay sales tax: _____ (If answer is no, Certificate of resale must be attached.) _____

Credit Experience:

Name, address and telephone numbers of at least three (3) A/C & Refrigeration trade references.

NAME

ADDRESS

TELEPHONE NUMBERS

NAME

ADDRESS

TELEPHONE NUMBERS

Bank References _____

Name of person at banks with whom you deal: _____

Monthly credit requires: \$ _____

(SEE BACK PAGE FOR ADDITIONAL INFORMATION)

The undersigned hereby agrees that the terms of sale are: Payment within ten (10) days from receipt of each monthly statement, as provided by Seller as BALANCE DUE, or Balance becomes past due if not paid by the end of that month, and further, that a 1.1/2% service charge (18% annum) will be added on any past due portion. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee, and the undersigned does hereby certify that the informaton contained above is true and correct. The undersigned further agrees that any changes in ownership or officers or form that the business operates as shall be made known to REFRI AIR APPLIANCE PARTS, INC. This notice shall be in writing and mailed to REFRI AIR APPLIANCE PARTS, INC.

FOR OFFICE USE ONLY

Customer will be purchase:

- () Heating and/or A/C Equipment
- () Heating and/or A/C Parts and supplies
- () Refrigeration Equipment
- () Refrigeraton Parts and supplies

SIGNED _____
Social Security _____

SIGNED _____
Social Security _____

\$ _____ Recommended Credit Limit

Store No. _____ Mgr. _____

Received by: _____

Approved by: _____

PERSONAL GUARANTY

Please sell and deliver to

_____ of _____

or representatives, on your usual credit terms of sale, or net 25 days, such goods, wares and merchandise as they or their representatives may order or select, and in consideration there of I/We hereby fully Guarantee and hold my self/ourselves personally responsible for the payment at maturity of the purchase price of all such goods, wares and merchandise so sold or delivered, whether evidenced by open account, acceptance, note or otherwise. I/We hereby waive notice of acceptance hereof, amount of sales, dates of shipments or deliveries, notice of default in payment and legal proceedings against the purchaser.

This is intended to be, and shall be construet to be, a continuing Guaranty applying to all sales made by you to the aforesaid, and shall not be revoked by the death of the Guarantor(s) but shall remain in full force and effect until I/We or my/our Executors or Administrators shall have given notice in writing to make no further advances on the security of this Guaranty, and until such notice sahll have been received by you.

It is understood and agreed that there is no limit to my/our liability under this Guaranty.

Now, should it become necessary to place this Guaranty with an attorney for collection, suit or other legal action, I/We here by agree to pay all costs of such collections, suit or other legal action, including a reasonable Attorney's Fee.

WITNESS my/our hand (s) and seal (s) this _____ day of _____ 19 _____

Witness

SIGNED _____
Social Security _____ (L.S.)

SIGNED _____
Social Security _____ (L.S.)