



CREDIT APPLICATION

Please complete all applicable sections of the form below,  
then print, sign (all sections) and submit via mail or fax to O'Connor Company.

Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Business Classification:  Corporation  S-Corporation  LLC  Partnership  Sole Proprietor

If Corporation (check one)  Corporate Office  Branch  Franchise

Federal ID #: \_\_\_\_\_ Date Business Started: Mo/Yr: \_\_\_\_\_ State Incorporated: \_\_\_\_\_

Will A/C Equipment or Refrigerant be purchased?  No  Yes If yes attach copy of Refrigerant Certificate

General Customer Base:  Mostly Residential  Mostly Commercial  Residential and Commercial

If applicable, please provide Internet Web Page address: \_\_\_\_\_

**Officers or Owners**

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Bank Reference**

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

Contact: \_\_\_\_\_

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

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Chking  Savings  Loan

**Trade References**

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

Account #: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Account #: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Account #: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

**Billing Information:**

Accounts Payable Contact Phone Extension

Do you require Purchase Orders? Yes No Estimated Monthly Requirements \$

**Tax Information:**

Taxable Non-Taxable or Exempt (Required: Attach signed copy of Multi-Jurisdiction Uniform Sales/Use Tax Exemption Certificate found at the bottom of this form.)

**SECTION A: Credit Terms and Agreement:**

Terms of Credit: Term of payment is specified on each invoice. Past due amounts are subject to a finance charge of 2% per month or the maximum rate allowed by State Law shall be charged 45 days from date of invoice. If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney's fees and cost of suit incurred. Returned checks are subject to return check fees. When Credit is extended, it is contingent upon prompt payment, according to the agreed upon terms and will be restricted by a credit limit - to be determined by the Credit Department. Open credit may be withdrawn at any time. All credit arrangements are subject to periodic review. The venue of civil resolution of disputes over payment will be chosen by O'Connor Company Inc.

Applicants' signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. The information on this application is for the purpose of attaining credit and is warranted to be true. I/We understand that approval for credit is based on a complete review of all information submitted and I/WE authorize and release approval for you to investigate all bank and trade references. The undersigned officer warrants that he or she is authorized to execute this application.

Company Name

Signature Title Date

Signature Title Date

**SECTION B: Must Be Completed If Business Is Proprietorship, S-Corporation or Partnership:**

The undersigned hereby consent(s) to O'Connor Company Inc. use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) O'Connor Company Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @1681 et seq..

Signature Social Security # Date

Signature Social Security # Date

**SECTION C: Personal Guarantee:**

I/we of \_\_\_\_\_ company agree to personally assume all liabilities, present and future contracted to herein including but not limited to: all open account sales, all written and verbal contracts secured and unsecured and any other sales transaction for the duration of our business relationship with O'Connor Company Inc.

Signature Print Name Date

Signature Print Name Date

=====FOR OFFICE USE ONLY=====

Salesperson Acct #

Credit Limit Comments

Date Approved by

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

Would you prefer to receive your invoices via fax or email or mail?

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Please return this page with your Credit Application. Thank you.

**MULTI-JURISDICTION  
UNIFORM SALES / USE TAX EXEMPTION CERTIFICATE**

<b>ISSUED TO:</b> J.M. O'CONNOR INC. & O'CONNOR COMPANY INC.	<b>CORPORATE ADDRESS:</b> 14851 W. 99TH STREET LENEXA, KS 66215
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I certify that

Name of Firm (Buyer)		
Street Address or P.O. Box No.:		
City	State	Zip Code

Is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Lessor
- Other \_\_\_\_\_

Is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, or leasing (renting).

City or State	State Registration or ID No.	City or State	State Registration or ID No.
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I further certify that if any property so purchased tax free is used by the firm as to make it subject to a Sales or Use Tax we will pay the tax due to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

**General description of product to be purchased from the seller:**

Hydronic and / or HVAC equipment, parts, and accessories (heating, ventilating, air conditioning)
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Under the penalties of perjury, I swear or affirm that the information is true and correct as to every material matter.  
Authorized Signature (Owner, Partner, or Corporate Officer)

Signature

Title

Date