

|  |  |  |
| --- | --- | --- |
|  | **APPLICATION FOR CREDIT** |  |

Thank you for your interest in Rangaire Manufacturing products. In order to accommodate our needs for credit availability, please provide the following information about your business along with a copy of your most recent financial statement.

All information will be held in confidence. If you prefer to mail this application directly to Rangaire Manufacturing, please send it to the Accounts Receivable Department, Rangaire Manufacturing, 501 S. Wilhite St., Cleburne, TX 76031 or fax to 800-882-6489 or email tmoore@rangairemfg.com

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name of Business | | | |  | | | | | | | | | | | | | |
| Trade Style(s) | |  | | | | | | | | | | | | | | | |
| Physical Address of Business | | | | | | |  | | | | | | | | | | |
| Billing Address (if different) | | | | | |  | | | | | | | | | | | |
| Payor Address (if different) | | | | | |  | | | | | | | County | | |  | |
| Phone Number | |  | | | | | | | | | Fax Number |  | | | | | |
| Check Legal Status: | | | □ Corporation | | | | | | | □ Partnership | | | | | □ Proprietorship | | |
| Federal ID# |  | | | | | | | | | | Social Security No. | | |  | | | |
| Date Business Established | | | | |  | | | | State of Incorporation or Registration of Partnership | | | | | | | |  |
| List all Owners, Partners, or Corporate Officers and Titles | | | | | | | | | | | | | | | | | |
| Estimated Credit Availability Required | | | | | | | |  | | | | | | | | | |
| DUNS number: | | | | | | | |  | | | | | | | | | |

PRIMARY CONTACT NAME FOR ORDER PLACEMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY CONTACT EMAIL FOR ORDER PLACEMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIPMENT NOTIFICATION CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIPMENT NOTIFICATION EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNTS PAYABLE CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNTS PAYABLE EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval as an authorized Rangaire Manufacturing distributor is granted at Rangaire Manufacturing’s sole discretion and is in part based on endorsement of the appropriate Rangaire Manufacturing Sales Representative and an opening $2,000.00 order.

Should credit availability be granted by Rangaire Manufacturing, all decision with respect to extension or continuation of credit availability shall be at the sole discretion of Rangaire Manufacturing. Rangaire Manufacturing may terminate any credit availability at its sole discretion.

The undersigned agrees to pay for all purchases according to Rangaire Manufacturing’s terms of sale. No terms or conditions of purchase orders different from the terms of Rangaire Manufacturing will become part of any sales agreement, purchase order or other document unless specifically approved in writing by Rangaire Manufacturing. Terms of payment on all orders are subject to the approval of Rangaire Manufacturing’s Credit Department and, unless otherwise stated, are net 30 days from the date of the invoice without regard to the date of delivery of the products.

It is understood that Rangaire Manufacturing may impose and charge a finance charge or delinquency charge which is the lower of one and one-half percent (1-1/2%) per month or the highest rate allowed by law on any amount which becomes past due or delinquent. Additionally, the undersigned shall be responsible for all collection costs and attorney fees in connection with any delinquent amount.

Products returned without Rangaire Manufacturing’s written authorization will not be accepted. Rangaire Manufacturing will not accept the return of any special, non-stock, obsolete or unsalable products. Rangaire Manufacturing may, at its option, accept other returned products subject to a restocking charge for inspection and repacking.

The person signing this application certifies that all of the information contained in this application and any attachments is true and correct to the best of their information, knowledge, and belief. A faxed copy of this credit application can be considered the original.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  | Name of Entity | | | |  |
|  | | Signature | |  | | |
| Printed Name | | |  | |
| Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | |  |  | | | |



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank** | |  | | |  | **Bank** | |  | | |
| **Address** | | |  | |  | **Address** | | |  | |
| **City** |  | | | |  | **City** |  | | | |
| **State, Zip** | | | |  |  | **State, Zip** | | | |  |
| **Acct. No.** | | | |  |  | **Acct. No.** | | | |  |
| **Contact** | | |  | |  | **Contact** | | |  | |
| **Fax No.** | | |  | |  | **Fax No.** | | |  | |

|  |  |  |
| --- | --- | --- |
|  | **REFERENCES** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplier Name** | | | |  |  | **Supplier Name** | | | |  |
| **Address** | |  | | |  | **Address** | |  | | |
| **City** |  | | | |  | **City** |  | | | |
| **State, Zip** | | |  | |  | **State, Zip** | | |  | |
| **Phone No.** | | |  | |  | **Phone No.** | | |  | |
| **Fax No.** | |  | | |  | **Fax No.** | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplier Name** | | | |  |  | **Supplier Name** | | | |  |
| **Address** | |  | | |  | **Address** | |  | | |
| **City** |  | | | |  | **City** |  | | | |
| **State, Zip** | | |  | |  | **State, Zip** | | |  | |
| **Phone No.** | | |  | |  | **Phone No.** | | |  | |
| **Fax No.** | |  | | |  | **Fax No.** | |  | | |

The undersigned authorizes their bank to release credit information to Rangaire Manufacturing in consideration for credit availability.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |

|  |  |
| --- | --- |
| Territory No. |  |

|  |
| --- |
|  |