



APPLICATION FOR OPEN ACCOUNT CREDIT

Please indicate the type of account you are interested in:

- Full Line Dealer, Room A/C Dealer, Mechanical Contractor, Parts & Supplies

LICENSE # (Refrigeration, Mechanical or HVAC) Please attach a copy of the license, an ACCOUNT WILL NOT BE OPENED WITHOUT CURRENT COPY OF MECHANICAL CONTRACTOR LICENSE.

Complete Legal Company Name:

Billing Address: City: State: ZipCode:

County: Business Telephone Number: Fax Number:

E-mail Address:

NOTE: E-mail or Fax REQUIRED to receive invoices & statements

Shipping Address: City: State: ZipCode:

Type of Business: Individual, Partnership, Corporation - Date of Incorporation:

Federal Tax ID Number: Date Business Started:

Type of Business: New Construction, Add-on Replacement, Repair, Other (state)

Percent per Category: Commercial, Industrial, Residential

Full Name of All Owners (or Corporation Officers) and Home Address:

Name, Address, City, State, ZIP, Social Security Number

Have you ever done business with Carrier Great Lakes (formerly Carrier Michigan Co.) in the past?

If yes, under what Company Name?

Estimated Monthly Open Account Credit requirements: \$ P.O. Required? Yes No

Authorized to give purchase orders:

Accounts Payable Contact Name: Phone Number:



TRADE REFERENCES: (Do Not Include COD Accounts)

Name	Address	City/State	Phone Number	Fax Number

BANK REFERENCES:

Bank Name: _____ Savings Acct. # _____
 Phone Number: _____ Checking Acct. # _____

Has a Tax Lien or Civil Suit been filed against this Company or any of its Officers, Directors or Owners within the past five (5) years? Yes No

If yes, please give details: _____

Are all taxes owed by this Company to all taxing authorities current? Yes No

If no, please give details: _____

Has this Company or any Officers, Directors or Owners of this Company ever filed a voluntary petition of bankruptcy, or made an assignment for the benefit of creditors? Yes No

If yes, please give details: _____

Is your business tax exempt? Yes No

Marital Status of All Owners (required if completing page 5 – Individual Personal Guaranty):

Owner Name	Legal Marital Status	Spouses Name (if applicable)



TERMS OF SALE AND PAYMENT

TERMS: 1% 10TH PROX NET 25

Carrier Great Lakes will allow a 1% cash discount on merchandise purchased showing on the statement balance when paid by the 10th of the following month, provided all other payment obligations are current. If an invoice is excluded for warranty reasons, the discount will be allowed only if a Return Material Authorization number (RMAD) and/or Service Contract Agreement (SCA) number is provided. Payment is due in full by the 25th of the following month.

Invoices are faxed or e-mailed daily, while the Statements are faxed or e-mailed on the last business day of every month. Faxes are considered original documents.

It is also understood that Carrier Great Lakes may be unable to make shipments to any customer whose latest statement shows balances owing which are sixty (60) days or more past due. Until such balances are paid or satisfactory arrangements for their payment have been made with the Credit Department, the account will be on automatic "CREDIT HOLD."

If, in our judgment, we feel that for our mutual protection it is necessary to exercise lien rights, this should not be construed as derogatory action. Normally this action would be taken when a specific job has encountered financial issues. Also, it should not be construed as a derogatory action and in fact is standard operating procedure that if a given job is of the magnitude to be outside the scope of our normal business dealings, that Carrier Great Lakes may request joint check arrangements or a Letter of Credit to assure equipment payment.

We understand that Carrier Great Lakes WILL charge 1-1/4 per month (15% APR) or the maximum allowable legal interest rate, if a lesser amount, on all sixty (60) day old invoices, and applicant agrees to pay these interest charges.

We understand and agree, should it become necessary to place this account for collection, applicant will pay the entire amount due, including interest charges, attorney fees, and all costs of collection, including court costs. If it becomes necessary to file a lien to protect the interest of Carrier Great Lakes, Inc, all costs of filing a lien may be due in full prior to the discharge of the mechanics lien. In the event of litigation, all legal action shall take place in Wayne County, Michigan, and shall be governed by the laws of the State of Michigan.

Terms and conditions of Applicant's purchase order which might be additional or conflict with the terms and conditions of Carrier Great Lakes are wholly void for all purposes and shall not apply to the sale or shipment of the materials or equipment included on such order. In addition, we will not agree to sign any Purchase Order that contains terms and condition not consistent with our terms and conditions of sale.

Carrier Great Lakes will not accept a purchase order which specifies retention for any period of time. It is the customer's responsibility to provide capital sufficient to withstand retention pressures. Short payments identified as retentions will be considered as open invoices and will be subject to placement on credit hold.

WE UNDERSTAND THAT CURRENT FINANCIAL STATEMENTS MUST ACCOMPANY THIS APPLICATION IF THE OPEN ACCOUNT CREDIT LIMIT REQUESTED IS \$10,000 OR GREATER, AND THAT YEARLY STATEMENTS MUST BE PROVIDED TO REMAIN ELIGIBLE FOR THIS OPEN ACCOUNT CREDIT LIMIT.

We understand and agree to the terms and conditions of sale described above. We certify that the information on this credit application is true and correct and is furnished for the purpose of obtaining commercial credit.

Company Name

Date

Principal's Signature

Date



33601 Schoolcraft • P.O. Box 2970 • Livonia, Michigan 48151 • Phone: (734) 522-5000 • Fax: (734) 522-7594

INDIVIDUAL PERSONAL GUARANTY

Date _____ 20 ____

I/we, _____ / _____, residing at _____,
(Spouse) (Home Address)

For, and in consideration of, your extending credit at my/our request to _____
(Name of Company)

(hereinafter referred to as the "Company"), of which I/we hereby personally guarantee to you the payment at Carrier Great Lakes in the State of Michigan of any obligation of the Company and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the Company whenever by the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Witness _____ Guarantor Signature _____
(Carrier Great Lakes Employee or Notary) SS# _____

Subscribed and sworn before me this _____ day of _____, 20 ____

Notary Public _____ County, MI
My Commission expires: _____

Witness _____ Guarantor Signature _____
(Carrier Great Lakes Employee or Notary) SS# _____

Subscribed and sworn before me this _____ day of _____, 20 ____

Notary Public _____ County, MI
My Commission expires: _____

Business Address:

NOTE: Please attach a current personal financial statement with this form.

ECOA
Notice and Statement of Specific Reasons

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Business Manager, Carrier Great Lakes, 33601 Schoolcraft, Livonia, Michigan 48151, (734) 522-5000, Ext 1106, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of:

- Race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract).
- Because all or part of the applicant's income derives from any public assistance program.
- Or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

The federal agency that administers compliance with this law concerning this creditor is as follows:

Federal Trade Commission
Equal Credit Opportunity
Washington, D.C. 20580



33601 Schoolcraft • P.O. Box 2970 • Livonia, Michigan 48151 • Phone: (734) 522-5000 • Fax: (734) 522-7594

IMPORTANT NOTICE

Per Carrier Great Lakes' policy, beginning January 1994, all balances that are aged 31 - 60 days past due, as noted on your statement, will be charged a 1.25% per month (15% per annum) service charge on that balance.

A service charge will not be assessed against disputed invoices if Carrier Great Lakes' financial department has been notified in advance of such disputes.

Accounts with balances 31 - 60 days past due will be placed on credit hold until the past due balance and service charges are paid in full.

Michigan Sales and Use Tax Certificate of Exemption

INSTRUCTIONS: DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

- A. One-Time Purchase
Order or Invoice Number: _____
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate
Expiration Date (maximum of four years): _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address CGL Corporation dba Carrier Great Lakes, 33601 Schoolcraft, Livonia, MI 48150
--

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

- All items purchased.
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

- For Lease. Enter Use Tax Registration Number: _____
- For Resale at Retail. Enter Sales Tax License Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- Agricultural Production. Enter percentage: _____%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
- Contractor (must provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
- For Resale at Wholesale.
- Industrial Processing. Enter percentage: _____%
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization.
- Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994.
- Rolling Stock purchased by an Interstate Motor Carrier.
- Qualified Data Center
- Direct Pay - Authorized to pay use tax on qualified transactions directly to the State of Michigan under Account Number _____
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name		Type of Business (see codes on page 2)
Business Address		City, State, ZIP Code
Business Telephone Number (include area code)		Name (Print or Type)
Signature and Title		Date Signed

Instructions for completing *Michigan Sales and Use Tax Certificate of Exemption (Form 3372)*

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. It is the Purchaser's responsibility to ensure the eligibility of the exemption being claimed. All claims are subject to audit. Non-qualified transactions are subject to tax, statutory penalty and interest.

Sellers are required to maintain records, paper or electronic, of completed exemption certificates for a period of four years. Michigan does not issue "tax exempt numbers" and a seller may not rely on a number for substitution of an exemption certificate. Other documentation that sellers in the State of Michigan may accept are the Uniform Sales and Use Tax Certificate approved by the Multistate Tax Commission, the Streamlined Sales and Use Tax Agreement Certificate of Exemption, the same information in another format from the purchaser, or resale or exemption certificates or other written evidence of exemption authorized by another state or country.

SECTION 1:

Place a check in the box that describes how you will use this certificate.

- A) Choose "One-Time Purchase" and include the invoice number this certificate covers.
- B) Choose "Blanket Certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.
- C) Choose "Blanket Certificate" and enter the expiration date (maximum four years) when there is a period of more than 12 months between sales transactions.

Print the vendor's name and address in the area provided.

SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodations	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3) or 501(c)(4)
07	Retail	16	Qualified Data Center
08	Church	17	Other
09	Transportation		

Print the name of the business, address, city, state and ZIP code. Sign and provide your title (i.e. owner, president, treasurer, etc.). Provide your printed name and date the certificate.

THE COMPLETED CERTIFICATE MUST BE RETAINED IN YOUR RECORDS IN THE EVENT OF AN AUDIT.

DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.



Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

CGL CORPORATION DBA CARRIER GREAT LAKES

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Purchaser's type of business

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.