



www.cdjones.com

# Charles D. Jones Company, Inc.

Please Mail or Fax this form to the Credit Department for the applicable location!

**Kansas & Missouri Office**

621 E. 14<sup>th</sup> Ave  
 Kansas City, MO 64116  
 816-561-3761 800-444-2761  
 Fax 816-561-6421

**Colorado Office**

445 Bryant Street, Unit 1  
 Denver, Co 80204  
 303-922-8426 800-777-0910  
 Fax 303-922-4105

## Credit Application

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

DBA (Doing Business As) \_\_\_\_\_ / /  
 Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Ship-To Address \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Type of Business:  Corporation  Partnership  Sole-Proprietorship  LLC  Other \_\_\_\_\_

Business Description: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ Date & Where Incorporated: \_\_\_\_\_

Principal or Owner \_\_\_\_\_ Title \_\_\_\_\_

Principal or Owner \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ SS # \_\_\_\_\_

Phone # \_\_\_\_\_ SS # \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact email \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact email \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact email \_\_\_\_\_

Bank Reference \_\_\_\_\_ Contact email \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Billing Information:**

Accounts Payable Contact Phone email Purchasing Contact phone email

Do you require Purchase Order Numbers? [ ] Yes [ ] No Number of Invoice copies required? \_\_\_\_\_

Do you want invoices emailed or faxed? Email: \_\_\_\_\_ Fax # \_\_\_\_\_  
(By providing your mailing address, e-mail address, telephone numbers and fax numbers, you consent to receive communication sent by or on behalf of The Charles D. Jones & Co., Inc., via mail, e-mail, telephone or cell phone and/or fax.)

Estimated Monthly Requirements \$ \_\_\_\_\_ Estimated Annual Sales \$ \_\_\_\_\_ Enclose Current Financial Statement

If Management Company please provide complete property name, address, phone # and owners for all properties managed. If applicant is the agent for and authorized to order material for improvements and maintenance to properties listed, payment for which applicant and property owners are jointly and severally liable.

Has this company, its officers or principal owners ever declared bankruptcy of any kind? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please give details. \_\_\_\_\_

**Tax Information:**

[ ] Taxable [ ] Non-Taxable or Exempt Reason \_\_\_\_\_

Sales Tax Number \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

Please attach applicable Exemption certificate.

(If material non-taxable because of Tax-Exempt Project you must provide us with the applicable Project exemption for each job)

**Credit Terms and Agreement:**

Terms of Credit: Standard terms are **1% 10<sup>th</sup> Prox – Net 30 Days**. Past due amounts are subject to a finance charge of 1-1/2% per month or the maximum rate allowed by State Law. 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 materials will be subject to a restocking charge. 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 without notification if the accounts goes past due. All credit arrangements are subject to periodic review. No terms or conditions of a purchase order or similar document shall become part of the contract unless approved by the creditor in writing. Any litigation concerning this contract may be commenced, at the sole discretion of the credit grantor, in any local, state or federal court within the state of Missouri or Colorado.

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. The parties agree that a facsimile copy of signature is the same as original.

Signature Name Title Date

Signature Name Title Date

**Personal Guarantee & Consumer Credit Authorization:**

In consideration for the extension of credit to \_\_\_\_\_ company, I/We 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 Charles D. Jones Company, Inc.

Signature Name Date

The undersigned hereby consent(s) to Charles D. Jones Company’s 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) Charles D. Jones Company 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 Name Date

Signature Name Date



**MO/KS Office**  
621 E 14<sup>th</sup> Ave  
North Kansas City, MO 64116  
816-561-3761  
800-444-2761  
F-816-561-6421

**Colorado Office**  
445 Bryant St – Unit 1  
Denver, Co 80204  
303-922-8426  
800-777-0910  
F-303-922-4105

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_ Phone \_\_\_\_\_ Fax

To the Charles D. Jones Company:

Our Company employs at least one properly certified technician who is required to be certified under Section 608 of the Clean Air Act of 1990, and we have enclosed as evidence an attached photocopy of their certification card(s). We will immediately notify you if we no longer employ at least one of the certified technicians represented on the card(s) we have provided for you. Also listed below are authorized representatives who may purchase or receive any refrigerants for use by our company's certified technician(s).

**AUTHORIZED REPRESENTATIVES:**

Recommended: This list could instead include job classifications or titles rather than actual names of authorized personnel (i.e.: service technicians, engineers, delivery personnel, maintenance personnel, dispatchers, purchasing agents, warehouse personnel, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
**Name (Please Print) Owner or Authorized Official**

\_\_\_\_\_  
**Signature of Owner or Authorized Official**

\_\_\_\_\_ **Title** \_\_\_\_\_ **Date**

***Not Valid***  
***without a photocopy of your***  
***certification card(s). Attach here***  
***or provide a copy on***  
***another page.***