



www.cdjones.com

# Charles D. Jones Company, Inc.

Please email 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  
 dyount@cdjones.com

**Colorado Office**

4900 Osage  
 Denver, Co 80221  
 303-623-7747 800-358-7747  
 Fax 303-623-5526  
 cherylt@cdjones.com

## 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  
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**Colorado Office**  
4900 Osage  
Denver, Co 80221  
303-623-7747  
800-358-7747  
F-303-623-5526

\_\_\_\_\_  
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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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.***

## UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

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

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2–4)

Other (Specify) \_\_\_\_\_

and 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, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>		MO <sup>16</sup>	
AR		NE <sup>16</sup>	
AZ <sup>2</sup>		NV	
CA <sup>3</sup>		NJ	
CO <sup>4</sup>		NM <sup>4,17</sup>	
CT <sup>5</sup>		NC <sup>18</sup>	
FL <sup>6</sup>		ND	
GA <sup>7</sup>		OH <sup>19</sup>	
HI <sup>4,8</sup>		OK <sup>20</sup>	
ID		PA <sup>21</sup>	
IL <sup>4,9</sup>		RI <sup>22</sup>	
IA		SC	
KS		SD <sup>23</sup>	
KY <sup>10</sup>		TN	
ME <sup>11</sup>		TX <sup>24</sup>	
MD <sup>12</sup>		UT	
MI <sup>13</sup>		VT	
MN <sup>14</sup>		WA <sup>25</sup>	
		WI <sup>26</sup>	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_

(Owner, Partner, or Corporate Officer, or other authorized signer)

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

Date: \_\_\_\_\_