

Original Must be Mailed for the File

Mid-South Distributing • Appliance Parts

- Apartment Supplies
- Commercial Laundry Equip
- HVAC Equipment
- HVAC Parts and Supplies
- Major Appliance Parts
- Service Tools & Equipment

Corporate Office

7501 Enmar Drive
Little Rock, AR 72209
Phone: 501/565-4144
Fax: 501/565-1597

ACCOUNT APPLICATION FORM

(PLEASE CHECK ONE)

**CHARGE
ACCOUNT:**

**CASH/COD
ACCOUNT:**

Date: _____

Company
Name: _____

Address: _____ Phone # _____

P O Box: _____ Fax # _____

City: _____ State _____ Zip _____

Corporation _____ Partnership _____ Proprietorship _____ LLC _____

Home based business? Yes _____ or No _____ Email Address _____

If **Non-Taxable** Please Provide your
Resale tax # _____
Complete the enclosed "Sales and Use Tax Certificate
of Exemption" form and provide a copy of your tax permit.

**Federal
ID #** _____
Or
S/S # _____

Principal Business

Major Appliance (Repairs/Sales) _____ Plumbing/Electrical _____ Rental Units, Condo _____ *

(Include copies of CFC and EPA Certifications) *No. of Units _____

HVAC and Refrigeration _____ Coin-Op Laundry/Route _____ Hotel, Motel, Health Care _____ *

Principal Owners and/or Officers

Name _____ Title _____

Name _____ Title _____

Accounts Payable Contact _____ Phone # _____

Are the majority of your purchases for Pickup _____ or Ship out _____?

(Please Complete Reverse Side)

APPLICANT, DO NOT COMPLETE THIS BLOCK. THANK YOU

Date: _____ By: _____ Limit: _____ Account # _____

S/R _____ T _____ PT _____ L _____ Terms _____

REFERENCES

To insure quick processing of your application, please provide FAX numbers.

CHARGE ACCOUNT: List suppliers now extending you credit.
CASH ACCOUNT: List your current suppliers.

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Fax# _____ Ph# _____	Fax# _____ Ph# _____
Account # _____	Account # _____
Contact Person _____	Contact Person _____

Name: _____	BANK: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Fax# _____ Ph# _____	Fax# _____ Ph# _____
Account # _____	Account # _____
Contact Person _____	Contact Person _____

AGREEMENT OF TERMS FOR OPEN ACCOUNT

Our Terms are **Net 10th of Month.** A LATE FEE OF THE MAXIMUM LEGAL LIMIT per month will be charged on ALL PAST DUE ACCOUNTS NOT PAID THE MONTH DUE. In the event any delinquent accounts of the applicant are placed in the hands of a licensed collection agency or attorney for collection, or if suit is instituted, applicant agrees to pay, addition to any amounts owing, interest and any costs and reasonable attorney's fees.

The applicant, by the undersigned authorization representative, hereby agrees to the terms hereinabove set forth and certifies that the above information provided to Mid-South Distributing to sell or provide services to applicant. Further, applicant will advise, in writing Mid-South Distributing of any changes in the above information as soon as it changes.

IN SIGNING THIS AGREEMENT I ALSO AUTHORIZE THE ABOVE LISTED FIRMS TO RELEASE CREDIT INFORMATION TO MID-SOUTH DISTRIBUTING:

Print Name: _____ Signature _____

We, the undersigned applicant, in consideration of the extension of credit to the applicant by Mid-South Distributing, hereby unconditionally personally guarantee payment of any and all charges or other amounts incurred by Mid-South Distributing in connection with this account.

AUTHORIZED
REPRESENTATIVE Print Name: _____ Title _____

Signature: _____ Date: _____

Mid-South Distributing • Appliance Parts

Distribution Center

7501 Enmar Drive, Little Rock, AR 72209
Phone: 501/565-4144, Fax: 501/565-1597

Sales and Use Tax Exemption Certificate

Company Name: _____ **Registered As A:**
Mailing Address: _____ Wholesaler _____ Retailer _____
City: _____ State _____ Zip _____ Manufacturer _____ Other _____

I HEREBY CERTIFY: That the above named company is registered in the tax jurisdictions listed below, within which the seller would deliver purchases to us and that such purchases are for wholesale, resale, ingredients or components of new product to be resold in the normal course of our business. We are in the business of _____

(Product or Services)

That purchaser holds valid sales tax exemption certificate(s) in these jurisdictions:

State _____	Exemption Cert # _____
City, County, or State _____	Exemption Cert # _____
City, County, or State _____	Exemption Cert # _____

I FURTHER CERTIFY: That if any property so purchased tax free is used or consumed by the purchasing company so as to make it subject to a sales tax or use tax, we will pay the tax due directly to the proper taxing authority when law so provides or we will inform the seller of added tax billing. If seller is held responsible for tax that was not collected, but should have been under law, purchaser will reimburse seller the total amount of tax deemed due. This certificate shall be part of each and every order which we may hereafter give to seller, unless otherwise specified in writing, and shall be valid until canceled by us in writing.

This certificate is issued to:

Mid-South Distributing
SELLER'S NAME

7501 Enmar Drive
SELLER'S STREET ADDRESS

Little Rock
SELLER'S CITY

AR
STATE

72209
ZIP CODE

General Description of Products to be Purchased From the Seller:

I swear and affirm that the information on this form is true and correct as to every material matter.

Print Name: _____ Title _____

Signature: _____ Date: _____

(A photocopy of your Sales and Use Tax Permit must be attached)