

# midsouth distributing USA

  

appliance • hvac • apartment | Parts/Supply

- Apartment Supplies
- Commercial Laundry Equip

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

- HVAC Equipment
- HVAC Parts and Supplies
- Major Appliance Parts
- Service Tools & Equipment

**ACCOUNT APPLICATION FORM**  
 (PLEASE CHECK ONE)

**CHARGE ACCOUNT:**       **CASH/COD ACCOUNT:**

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

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

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.

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

P O Box: \_\_\_\_\_ Fax # \_\_\_\_\_

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

**Federal ID #** \_\_\_\_\_  
 Or  
**S/S #** \_\_\_\_\_

Corporation \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_ LLC \_\_\_

Home based business? Yes \_\_\_ or No \_\_\_ Email Address \_\_\_\_\_

**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 _____

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Name: _____	<b>BANK:</b> _____
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 10<sup>th</sup> 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: \_\_\_\_\_