COMFORT AIR DISTRIBUTING
Right Products. Right Now.™

9400 E. 46th Pl. Unit 100, Denver, CO 80238
(303) 539-1662
patty.moore@comfortairdistributing.com

CREDIT APPLICATION

Please complete all applicable sections of the form below, then print, sign (all sections) and submit via e-mail or fax to Comfort Air Distributing.

Business Legal Name: _____

Physical Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: (_____) _____ Fax: (_____)_____

Business Classification: ☐ Corporation ☐ S-Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

If Corporation (check one) ☐ Corporate Office ☐ Branch ☐ Franchise

Federal ID #: _____ Date Business Started: Mo/Yr: _____ State Incorporated: _____

Billing Information:

_____

Accounts Payable Contact **Phone - Ext** **E-mail Address**

Do you require Purchase Orders? ☐ **No** ☐ **Yes** **Estimated Monthly Requirements $**_____

Will A/C Equipment or Refrigerant be purchased? ☐ **No** ☐ **Yes** **If yes attach copy of Refrigerant Certificate**

General Customer Base: ☐ **Mostly Residential** ☐ **Mostly Commercial** ☐ **Residential and Commercial**

Please provide your company's website address: _____

Officers or Owners

Title: _____ Title: _____

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Bank Reference

Name: _____ Contact: _____

Address: _____ Account #: _____

Phone #: _____ Fax #: _____

❑ Checking ❑ Savings ❑ Loan

Trade References

Name: _____ Account #: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Name: _____ Account #: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Name: _____ Account #: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Tax Information:

❑ **Taxable** ❑ **Non-Taxable or Exempt (Required: Attach signed copy of Multi-Jurisdiction Uniform Sales/Use Tax Exemption Certificate found at the bottom of this form.)**

SECTION A: Credit Terms and Agreement:

Terms of Credit: Term of payment is specified on each invoice. Past due amounts are subject to a finance charge of 2% per month or the maximum rate allowed by State Law shall be charged 45 days from date of invoice. 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 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. All credit arrangements are subject to periodic review. The venue of civil resolution of disputes over payment will be chosen by Comfort Air Distributing.

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.

_____
Company Name

_____ _____
Signature Title Date

_____ _____
Signature Title Date

SECTION B: Information Release Authorization:

The undersigned hereby consent(s) to Comfort Air Distributing 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) Comfort Air Distributing 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 **Social Security #** **Date**

_____ _____
Signature **Social Security #** **Date**

SECTION C: Personal Guarantee:

I/we of _____company 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 with Comfort Air Distributing.

_____ _____
Signature Print Name Date

_____ _____
Signature Print Name Date

==========FOR OFFICE USE ONLY==========

Salesperson_____ **Acct #** _____

Credit Limit _____ **Comments**_____

Date _____ **Approved by** _____

_____

Company Name

Would you prefer to receive your invoices via fax or email or mail?

- ☐ Fax Number: _____
- ☐ Email Address: _____
- ☐ Mailing Address _____

City: _____ State: _____ Zip: _____

Please return this page with your Credit Application. Thank you.

Streamlined Sales Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to the seller and keep a copy for your records.

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1. ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____.

2. Print or type

A. Purchaser's name

B. Business address | City | State | Country | Zip code

C. Name of seller from whom you are purchasing, leasing or renting

D. Seller's address | City | State | Country | Zip code

3. Purchaser's type of business. Check the number that best describes your business.

- ☐ 01 Accommodation and food services
- ☐ 02 Agriculture, forestry, fishing, hunting
- ☐ 03 Construction
- ☐ 04 Finance and insurance
- ☐ 05 Information, publishing and communications
- ☐ 06 Manufacturing
- ☐ 07 Mining
- ☐ 08 Real estate
- ☐ 09 Rental and leasing
- ☐ 10 Retail trade
- ☐ 11 Transportation and warehousing
- ☐ 12 Utilities
- ☐ 13 Wholesale trade
- ☐ 14 Business services
- ☐ 15 Professional services
- ☐ 16 Education and health-care services
- ☐ 17 Nonprofit organization
- ☐ 18 Government
- ☐ 19 Not a business
- ☐ 20 Other (*explain*) _____

4. Reason for exemption. Check the letter that identifies the reason for the exemption.

- ☐ A Federal government (*Department*) * _____
- ☐ B State or local government (*Name*) * _____
- ☐ C Tribal government *(Name)* * _____
- ☐ D Foreign diplomat # _____
- ☐ E Charitable organization *
- ☐ F Religious organization *
- ☐ G Resale *
- ☐ H Agricultural Production *
- ☐ I Industrial production/manufacturing *
- ☐ J Direct pay permit *
- ☐ K Direct Mail *
- ☐ L Other (*Explain*) _____
- ☐ M Educational Organization *

* see Instructions on back (page 2)

5. Identification (ID) number: Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

	ID number	State/Country	Reason		ID number	State/Country	Reason
AR				NV			
GA				OH			
IA				OK			
IN				RI			
KS				SD			
KY				TN			
MI				UT			
MN				VT			
NC				WA			
ND				WI			
NE				WV			
NJ				WY			

6. *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of authorized purchaser | Print name | Title | Date

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*