



Corporate Offices & Whse.	Branch Office & Whse.	Branch Office & Whse.
3825 Edgewood Ave. So. Minneapolis, MN 55426 952-929-1618 Fax 929-9716 www.acesupplyco.com	4749 Old Hwy 8 Moundsview, MN 55112 763-259-1500 Fax 259-1504	2817 Eagandale Boulevard Eagan, MN 55121 651-454-5548 Fax 454-4868 www.aircontrolessentials.com

Since 1958 WHOLESALE Heating & Air Conditioning Equipment, Supplies, & Accessories Fiberglass & Sheet Metal Products, Registers & Related Items

NEW CUSTOMER INFORMATION FORM

Date: _____

Legal Name _____
 DBA's _____ Telephone Number _____ - _____ - _____
 Address _____ County _____
 City _____ State _____ Zip Code _____

Principals & Ownership:

(A) _____ % (C) _____ %

(B) _____ % (D) _____ %

WE ARE A _____ Partnership _____ Corporation _____ Sole Proprietorship Please check one.

Year Business Established _____ Have you suffered any previous business failures? Yes _____ NO _____

Purchases will be _____ Taxable _____ For Resale (Please Attach a Completed Sales Tax Exemption Form)

Bank Information:

Name _____ Checking Acct. Number _____
 Address _____ Savings Acct. Number _____
 City _____ State _____ Zip Code _____ Loan Acct. Number _____

Trade References (Other Suppliers, ETC.)

	Business Name	Address	Fax #	Contact person(s)
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Amount of Credit Requested \$ _____.

PLEASE READ BEFORE SIGNING!

I acknowledge Ace Supply Co., Inc.'s Standard Terms of Sale: Net 30 Days. I understand these terms to be defined as follows: The amount of the invoice is due 30 days following the date of the invoice. Both parties before shipment must agree upon special terms.

I also acknowledge the 1.5% per month SERVICE CHARGE on invoices or balances more than 30 days past due.

I intend to comply with the entire Standard Terms and Conditions of Sale. I agree to pay all of Ace Supply Co Inc's costs of collection including reasonable attorney's fees. The only exceptions shall be in the form of written, authorized agreements.

Should the application for the credit be accepted, I understand that periodic reviews of my credit worthiness shall be made and that timely and accurate financial information is a requirement for continued open-account status.

Date _____

Company Name _____

Authorized Signature _____

Title _____

PERSONAL GUARANTY

In consideration for Ace Supply Company Inc extension of credit to the above applicant, the undersigned Guarantor (s) does hereby unconditionally guaranty to Ace Supply Company Inc the payment of any and all obligations incurred by the Above applicant to Ace Supply Company Inc including all costs of collection and reasonable attorney's fees.

Guarantor: _____

Guarantor: _____

For Ace use only Credit approved (Y/N) _____ Initials (_____)