



AMERICAN REFRIGERATION SUPPLIES, INC.

Please complete and return to: P.O. Box 21127, Phoenix, AZ 85036 • (602) 243-2792 • Fax (602) 243-2893

CASH ACCOUNT APPLICATION & AGREEMENT

Please Type or Print

Request Date: _____

Company Name _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Street Address _____

City _____ State _____ ZIP _____

Mailing Address _____ City, State, ZIP _____

INDICATE ONE: Sole Owner Partnership Corporation Limited Liability Corporation

Corporation, State of _____ Date of Incorporation _____

Length of Time In Business _____ Federal I.D. # _____

Primary Business Activity _____

Contractor Lic. #: _____ Type _____ Resale # _____

Please Attach Resale Form

PRINCIPAL _____ S.S. # _____ D.L. # _____

Home Address _____

City _____ State _____ ZIP _____

How Long At Address _____ *(If partnership, list above "Principal" information on separate sheet for each partner.)*

As Principal of _____ (hereinafter referred to as "Customer") and American Refrigeration Supplies, Inc. is hereafter referred to as "The Company." Customer warrants and represents to The Company that the Customer is solvent and further agrees that such warranty and representation shall be continuing and shall be deemed to be made by Customer at the time of every purchase under this account. If the Customer's account is referred for collection, the Customer shall pay all collection costs and attorney's fees and costs. The Customer consents to personal jurisdiction of the courts of Arizona and agrees that venue for any dispute or action under this contract shall be in Maricopa or Pima County, Arizona. The undersigned is fully authorized to bind customer to this agreement and customer agrees to be bound by all the terms and conditions stated herein. All monies received by The Company shall be applied to the outstanding obligation at The Company's discretion. If attorney's fees and costs have been incurred by The Company in the collection of any obligation, all monies received shall be first applied to those attorney's fees and costs. Customer agrees to return the goods to The Company in the event the purchase price is not paid to The Company in a timely manner.

Company _____

By (print name) _____

Signature _____ Title _____

Accounting Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date _____
Type _____ Account # _____	Sls # _____