



REFRIGERATION AND ELECTRIC SUPPLY CO.
 R & E SUPPLY
 1222 S. SPRING STREET
 LITTLE ROCK, AR 72202
 PHONE: (501) 374-6373 FAX: (501) 372-5944
 EMAIL: creditapp@resupplyco.com

CREDIT APPLICATION

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Customer Name:	dba:
Billing Address:	Physical Address:
City, State & Zip:	City, State & Zip:
Email:	Social Security #:
Phone:	Federal Tax ID #:
Fax:	Tax Exempt #: (copy of certificate required)

PRIMARY CONTACT:	SECONDARY CONTACT:
Name:	Name:
Email:	Email:
Phone:	Phone:
Fax:	Fax:

ACCOUNTS PAYABLE:	PURCHASING AGENT:
Name:	Name:
Email:	Email:
Phone:	Phone:
Fax:	Fax:

Purchase Order Required: Yes _____ No _____

Job Number, Location or Description Required: Yes _____ No _____

Billing Preference: Email _____ Email Address _____ Fax _____ Mail _____

AUTHORIZED PURCHASERS:

Changes are customer's responsibility and must be submitted in writing.

FULL NAME	CELL #	EMAIL	EPA CERTIFICATION #

PURCHASE LOCATION(S):

Little Rock _____ Conway _____ Searcy _____ Hot Springs _____ Pine Bluff _____ Russellville _____ Fort Smith _____



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DISCLOSURE OF CREDIT TERMS AND CONDITIONS:

Statements are issued monthly on or about the 24th of each month and are due and payable by the 24th of the following month. Statement balances not paid in full by the 24th will be considered past due and are subject to service charges computed on the maximum allowable by law. Accounts with past due balances may be automatically placed on COD status without notice and future credit may be restricted. Accounts with 90 day past due balances may be forwarded to an attorney or agency for collection without notice and are subject to additional fees as incurred by R & E Supply.

By signing below, owners agree to be individually bound by the credit terms and hereby personally guarantee payment by the named business entity and hereby agree to pay on demand any sum which may become due if business entity fails to pay. Each individual signing below agrees information given in this application is true, accurate, and complete.

OWNERSHIP:

Name:	Name:
Email:	Email:
Phone:	Phone:
Fax:	Fax:
Signature:	Signature:
(Required)	(Required)

CREDIT REFERENCES: (NOT REQUIRED FOR COD ACCOUNT)

Name:	Name:
Address:	Address:
Email:	Email:
Phone:	Phone:
Fax:	Fax:
(Required)	(Required)

Name:	Name:
Address:	Address:
Email:	Email:
Phone:	Phone:
Fax:	Fax:
(Required)	(Required)

R & E Supply is authorized to verify all credit, banking, and financial references provided herein and to contact individuals and companies to determine credit worthiness.

CUSTOMER NAME _____ SIGNATURE _____ DATE _____
 (Required)

VERIFICATION FOR R & E USE ONLY

Credit Approved By: _____	Customer #: _____
Credit Limit: _____	Entered By/Date: _____
Credit Approved Date: _____	Purchasing By/Date: _____