



— FOR JOHNSTONE USE ONLY —

1.	Sold since _____	High _____	Owing _____	Past Due _____
	Manner of Payment: Prompt _____	Slow to _____	Terms _____	
2.	Sold since _____	High _____	Owing _____	Past Due _____
	Manner of Payment: Prompt _____	Slow to _____	Terms _____	
3.	Sold since _____	High _____	Owing _____	Past Due _____
	Manner of Payment: Prompt _____	Slow to _____	Terms _____	
4.	Sold since _____	High _____	Owing _____	Past Due _____
	Manner of Payment: Prompt _____	Slow to _____	Terms _____	

**MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE**

ISSUED TO (SELLER)	<b>JOHNSTONE SUPPLY</b>	ADDRESS	CITY	STATE	ZIP CODE
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I certify that

NAME OF FIRM (BUYER)		
STREET ADDRESS OR PO BOX #		
CITY	STATE	ZIP CODE

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Lessor

Other \_\_\_\_\_

is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting.

PRODUCT OR SERVICES RENDERED			
STATE	STATE ID #	CITY OR STATE	STATE REGISTRATION OR ID #
CITY OR STATE	STATE REGISTRATION OR ID #	CITY OR STATE	STATE REGISTRATION OR ID #
CITY OR STATE	STATE REGISTRATION OR ID #	CITY OR STATE	STATE REGISTRATION OR ID #

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER:
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I swear or affirm that the information on this form is true and correct as to every material matter.

AUTHORIZED SIGNATURE (Owner, Partner or Corporate Officer)	Title	Date
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**EMPLOYEE REFRIGERANT HANDLING CERTIFICATE**

*For additional employees, add a separate sheet of paper.*

Certificate # \_\_\_\_\_ Employee Name \_\_\_\_\_

Certificate # \_\_\_\_\_ Employee Name \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTEE**

Date \_\_\_\_\_ 19\_\_\_\_

I, \_\_\_\_\_ SS # \_\_\_\_\_, residing at \_\_\_\_\_, for and in consideration of your extending credit at my request to \_\_\_\_\_ (hereinafter referred to as the "Company"), of which I am \_\_\_\_\_, hereby personally guarantee to you the payment at \_\_\_\_\_ in the State of \_\_\_\_\_ of any obligation of the Company or its successor and I hereby agree to bind myself to pay you on demand any sum, which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Witness \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_