



# JOHNSTONE SUPPLY

4320 Pacific Hwy 900 S. Andreasen 518 E. Ball Rd 1903 Friendship Dr 42655 Rio Nedo 77-720 Springfield Ln  
 San Diego, CA 92110 Escondido, CA 92029 Anaheim, CA 92805 El Cajon, CA 92020 Temecula, CA 92590 Palm Desert, CA 92211  
 Phone 619-298-7168 Phone 760-746-4746 Phone 714-533-8413 Phone 619-579-9575 Phone 951-252-9770 Phone 760-360-0720  
 Fax 619-296-5920 Fax 760-746-5901 Fax 714-956-5209 Fax 619-579-0386 Fax 951-252-9775 Fax 760-360-0166

[www.johnstonesupply.com](http://www.johnstonesupply.com) Order Desk 1-800-454-4822

## APPLICATION FOR OPEN CREDIT ACCOUNT

E-mail to:  
[ar@buyjohnstone.com](mailto:ar@buyjohnstone.com) or  
 fax to 619-298-2775

**FOR JOHNSTONE USE ONLY**

CREDIT APPROVED  D & B \_\_\_\_\_  
 CREDIT REFUSED  \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_

WANT TO OPEN AN ONLINE ACCOUNT?  YES  NO

Primary Johnstone Store \_\_\_\_\_

Business Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Web Address: \_\_\_\_\_  
 PO Box # \_\_\_\_\_ PO Box Zip \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Contractor License # \_\_\_\_\_ No. of Employees \_\_\_\_\_ Date Established \_\_\_\_\_

### OWNERSHIP — Check One Below

**BUSINESS CLASSIFICATION**

Incorporation  LLC  Proprietorship  
 Partnership  LLP  Government

Date Business Established \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If Incorporated, Date of Inc. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 State of Incorporation \_\_\_\_\_ Fed ID # \_\_\_\_\_

#### PRINCIPLE OWNERS, OFFICERS AND PARTNERS (attach separate sheet if necessary)

Name	Title	Phone #
Street Address	City	State
Zip	Social Security #	

  

Name	Title	Phone #
Street Address	City	State
Zip	Social Security #	

#### BILLS ARE PAID BY (fill in below)

Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### BANK REFERENCES

SAVINGS Name \_\_\_\_\_ Account # \_\_\_\_\_ Branch \_\_\_\_\_  
 CHECKING \_\_\_\_\_  
 LOAN Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SAVINGS Name \_\_\_\_\_ Account # \_\_\_\_\_ Branch \_\_\_\_\_  
 CHECKING \_\_\_\_\_  
 LOAN Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### COMMERCIAL TRADE REFERENCES: Give ONLY names of those you buy from on OPEN ACCOUNT. References WILL NOT be considered valid unless FULL NAMES and ADDRESSES are included. Please list a minimum of three (3).

Name	Address	City	State & Zip Code	Phone	Fax	Account #
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____

Amount of Credit Desired Monthly \$ \_\_\_\_\_ Sales Tax Exemption # \_\_\_\_\_

**PURCHASE ORDER REQUIRED?**  
 Yes  No

Authorized Buyers \_\_\_\_\_

**STATEMENT REQUIRED?**  Yes  No

Billing Instructions \_\_\_\_\_

We herein make application to Johnstone Supply for credit and/or to update and reconfirm our existing account and balance with Johnstone Supply. Johnstone Supply is authorized to contact any references or banks listed above and pull credit reports. If credit is granted, I (we) agree to pay for all goods purchased within 30 days of invoice. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in the state and county of Johnstone Supply's choice. Applicant specifically understands that they are waiving their right in choice of venue. Applicant agrees to pay interest and service charges at the highest rate permitted by law. Applicant(s) give their permission to Johnstone Supply and/or its agents to verify and/or supplement the information listed hereon. I understand that by providing the information above and signing this form, I am consenting to receive communications sent via facsimile and e-mail by, or on behalf of, Johnstone Supply.

Principal Owner/  
 Dated \_\_\_\_\_ Officer/Partner \_\_\_\_\_ Title \_\_\_\_\_

SIGNATURE

Complete Sales Tax Exemption Certificate and/or Individual Personal Guarantee on reverse side, if applicable.

**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) _____	is engaged as a registered	<input type="checkbox"/> Wholesaler
	STREET ADDRESS OR PO BOX # _____		<input type="checkbox"/> Retailer
	CITY _____ STATE _____ ZIP CODE _____		<input type="checkbox"/> Manufacturer
			<input type="checkbox"/> Lessor
			<input type="checkbox"/> 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**

I, \_\_\_\_\_ SS # \_\_\_\_\_, residing at \_\_\_\_\_, Date \_\_\_\_\_ 20\_\_\_\_, 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 (Print Name) _____	Witness Address _____
Witness Signature _____	Guarantor Signature _____