



Credit Application

Date: _____ Air Management Salesman: _____

Please indicate your branch: Omaha Sioux Falls Minneapolis St Louis Des Moines Waterloo

Exact Legal Name of Entity Applying for Credit (Customer): _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Tax Exempt Number: _____ Fed ID #: _____ SS#: _____

Business Type: Corporation Partnership Sole Proprietor

Annual Sales Volume: _____ Number of Years in Business: _____

Credit Limit Desired: _____

How would you like to receive your invoices? Email Fax Mailed

Have you ever filed bankruptcy? Yes No PO Number required on orders? Yes No

Please attach a copy of your refrigerant certification card with this credit application.

Additional Owners/Shareholders/Partners:

Full Name: _____ Full Name: _____ Full Name: _____
Address: _____ Address: _____ Address: _____
City, St, Zip: _____ City, St, Zip: _____ City, St, Zip: _____
Phone: _____ Phone: _____ Phone: _____

Trade References:

Entity Name: _____ Entity Name: _____ Entity Name: _____
Account Number: _____ Account Number: _____ Account Number: _____
Address: _____ Address: _____ Address: _____
City, St, Zip: _____ City, St, Zip: _____ City, St, Zip: _____
Phone: _____ Phone: _____ Phone: _____

Bank Information:

Bank Name: _____ Account Number: _____
Bank Address: _____ Bank Phone: _____



Terms of Sale

The undersigned, whether one or more, acknowledges and agrees that account terms shall be 1% 10th, net 20th; that the information furnished herein is for the purposes of inducing AMS to provide credit that AMS may verify information supplied on the application and receive and exchange credit both now and in the future; that applicant is authorized to bind itself and its principal in accordance with the terms herewith; that all monies due bear interest at the rate of one and one half percent (1 ½%) per month; that in the event the account is referred to an attorney for collection, all responsible court costs and attorney's fees shall be paid and that credit provided for herein may be modified or terminated by AMS without further notice. This account shall be governed by and construed in accordance with the laws of the state of Nebraska, without regard for its conflict of laws rules. Customer hereby submits to non-exclusive jurisdiction of the United States District Court for Nebraska and of any Nebraska state court, including Small Claims Court, located in the County of Sarpy, Nebraska for the purposes of legal proceedings arising out of or relating to this account or the transactions contemplated hereby. Customer irrevocably waives, to the fullest extent permitted by law, any objection which it may now or hereafter have to the laying of the venue of any such proceeding brought in such a court or any claim that any proceeding brought in such a court has been brought in an inconvenient form. Customer hereby irrevocably waives all right to trial by jury in any legal proceeding arising out of or relating to the account or the transactions contemplated hereby.

In consideration of credit being extended to the above name firm, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, completed, and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended and/or renewed without any notice to me. That I will within (10) days from the date of notice that account is past due, pay the amount due. This guaranty shall be governed by and construed in accordance with the laws of the State of Nebraska, without regard for its conflict of law rules. Guarantor hereby submits to the non-exclusive jurisdiction of the United States District Court of Nebraska and any of Nebraska state court, including Small Claims Court, located in the County of Sarpy, Nebraska for the purposes of all legal proceedings arising out of or relating to this guaranty or the transactions contemplated hereby. Guarantor irrevocably waives, to the fullest extent permitted by law, any objections which he may now or hereafter have to the laying of venue of any such proceeding brought in such a court in any claim that any proceeding brought in such a court has been brought in an inconvenient form. Guarantor hereby irrevocably waives all right to a trial by jury in any legal proceedings arising out of or relating to this guaranty or the transactions contemplated hereby.

Signed: _____ Signed: _____

Name (Printed): _____ Name (Printed): _____

Title: _____ Title: _____



Blanket Sales and Use Tax Exemption Certificate

Purchaser / Company Name: _____

Mailing Address: _____

The undersigned purchaser hereby certifies that it is a regularly licensed retailer under the law(s) of the state(s) indicated on this form. Holding the sales tax license or permit number(s) here enumerated and that all the tangible personal property purchased from Air Management Supply, Inc. is exempt from sales and use tax for the following reason:

Please check one of the following reasons:

- Sales for resale, leasing, or renting.
- Property used or consumed in manufacturing, processing, or fabricating.
- Materials and supplies loaded on board interstate and foreign vessels.
- Religious, charitable, educational, or public service organization.
- Instrumentality of the United States, the State, or Political Subdivision.
- Direct payment authorization number.
- Other authorized exemption. Please describe: _____

Describe your principal business activity:

This certificate shall be considered a part of each order given by purchases from and after the effective date. Hereof unless and until revoked in writing by purchaser.

The purchaser understands and agrees that if it uses any property purchased tax-free under this certificate in any manner which would not exempt the sale of tax; it becomes the user or consumer of such property, as such assumes liability for and undertakes to pay the tax and the interest and penalty thereon, if any.

Please fill in all states for which you are claiming exempt status. (State registration/exemption number is required for each exempt state.)

IL	MO	SD
ND	MN	WI
IA	NE	KS
State	State	State
State	State	State

Please enter your Taxpayer Identification Number "TIN" (9 digits) in the appropriate box. For individuals and sole proprietors, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).

Social Security Number (SSN):
Employer Identification Number (EIN):

Signed: _____

Name (Printed): _____

Title: _____

Date: _____