UNITED REFRIGERATION INC.

2301 Meacham Blvd., Fort Worth, TX 76106-2232 • Phone: 817-625-9600 • Fax: 817-625-9138
A0Credit@uri.com

CREDIT APPLICATION

COMPANY NAME_____ACCOUNT #_____(Internal Use)

ADDRESS_____

CITY/STATE_____ ZIP _____

PHONE#_____

FAX #_____ E-MAIL_____

SHIPPING ADDRESS _____

CITY/STATE _____ ZIP _____

NAME TITLE/FUNCTION EMAIL

OWNERS_____
or
PRINCIPALS_____

SOCIAL SECURITY # or TAX ID#_____

********MUST BE COMPLETED IN ORDER TO PROCESS APPLICATION**********

Please Indicate a Primary(P) business type and Choose One Secondary(S) if applicable:

CHV = Commercial HVAC_____ **CR = Commercial Refrigeration_____**

DIS = Distributor/Non–Contractor Reseller_____

FSD = Food Service Dealer_____ **ICS = Industrial Process/Lg Cold Storage _____**

IHM= In-House Maintenance_____

RHV = Residential HVAC_____ **SR = Supermarket Refrigeration_____**

How Many Service Technicians Do You Employ? _____

How Many Installers Do You Employ? _____

EPA REFRIGERANT CERTIFICATION #_____
(Must attach a copy of the Refrigerant Certificate)

WHICH URI BRANCH WILL BE USED FOR MOST PURCHASES _____

Trade References-Name, Address & Telephone # must be completed.

1.NAME_____

ADDRESS_____

CITY/STATE_____ZIP CODE_____

PHONE #_____FAX #_____

E-MAIL_____ACCOUNT #_____

2.NAME_____

ADDRESS_____

CITY/STATE_____ZIP CODE_____

PHONE #_____FAX #_____

E-MAIL_____ACCOUNT #_____

3.NAME_____

ADDRESS_____

CITY/STATE_____ZIP CODE_____

PHONE #_____FAX #_____

E-MAIL_____ACCOUNT #_____

Bank References-IMPORTANT! Account number must be furnished

I authorize the bank to release information to United Refrigeration Inc.

_____

NAME_____

ADDRESS_____

CITY/STATE_____ZIP CODE_____

PHONE #_____FAX #_____

E-MAIL_____

ACCOUNT #_____

PLEASE CHECK THE APPROPRIATE BOX:

_____CORPORATION _____PARTNERSHIP _____LIMITED PARTNERSHIP

_____LLC _____NON-PROFIT _____PROPRIETORSHIP

BUSINESS OPERATED UNDER PRESENT OWNERSHIP SINCE _____YEAR.

PRODUCT/SERVICE
RENDERED_____

Have you personally, a partnership in which you were a partner, or an officer of a corporation ever been adjudged bankrupt? _____ If so, when _____? If a corporation, have any of your officers been affiliated with any other corporation that has been adjudged bankrupt? _____ If so, when? _____

PERSON TO CONTACT REGARDING:

PURCHASES_____EMAIL_____

PAYMENTS_____EMAIL_____

SALES TAX STATUS _____ NOT EXEMPT _____ EXEMPT #_____
(Please attach Tax Exemption Certificate)

PURCHASE ORDER _____ REQUIRED _____ NOT REQUIRED

TERMS OF SALE

******* Must be completed and signed by Owner or an Officer *******

1. A 1% cash discount is allowed if our charge is paid by the 10th of the following month. The net amount is due the last day of the following month.

2. To any invoice not paid in accordance with its terms, there shall be added thereto, a late charge at the rate of 2% per month or the maximum rate permitted by law if less than 2% per month on the unpaid balance for each month, or fraction of a month, that such balance remains unpaid.

3. In the event of default in payment, and our account is placed with a collection agency or attorney, we agree to pay all costs of collection. If our delinquent account is placed with an attorney, we agree to pay all costs incurred in collection together with attorney's fees in an amount equal to 25% of such unpaid balance, or the maximum amount permitted by law if less than 25%.

4. My signature confirms that I have the authority to bind the organization named to these terms

SIGNATURE_____DATE_____

EMAIL_____

PRINT
NAME_____TITLE_____

PERSONAL GUARANTEE

The undersigned, jointly, severally and personally, in consideration of your extending credit to the applicant, do hereby agree to pay for all goods sold to applicant, and in the event of default, by applicant, you shall be entitled to look to us for payment without prior demand or notice and without first having attempted to collect from applicant. In the event you engage the services of an attorney to collect any sum of money due hereunder, or to enforce or defend your rights hereunder, you shall be entitled to collect reasonable attorney's fees from the undersigned. The liability of the undersigned shall not be affected by any extensions or indulgences granted applicant, or by releasing or surrendering any security given by the applicant. The undersigned agree to give you written notice by Certified Mail in the event of any change in the ownership of applicant's business or the form of applicant's business organization.

The undersigned applicant authorizes United Refrigeration, Inc to obtain personal background information from an agency, public or private, for the purpose of the extension of credit for commercial purposes. All information will remain confidential.

NAME_____

DATE_____

SIGNATURE_____

Social Security No_____

Residential
Address_____

City_____ State _____ Zip _____

INTERNAL USE ONLY

SALES _____ SALES NAME_____

MANAGER_____ PC#_____

United Refrigeration may collect personal information about you when you interact with our business. For more information about the types of personal information we collect, how and why we collect and use it, and your rights, please visit our privacy policy at https://www.uri.com/privacy

UNITED REFRIGERATION INC.

EPA Refrigerant Sales Restriction Form

Code of Federal Regulations § 82.154 applied sales restriction to HFCs, HCFCs and CFCs

Section 1:

Company Name _____ Account #_____

Address _____ Job Account #_____

City_____State ____ Zip _____ Job Account #_____

Phone_____ Fax _____ _ Job Account #_____

Email _____

Legible photocopy of both sides of the Technicians EPA 608/609 CERTIFICATION CARD(S) must accompany this form.

Section 2: Certified Company Representative

Name	Type	Certifying Organization	Identification #

IMPORTANT: If the person listed above leaves your company's employment, it is the responsibility of an officer or other responsible person employed by your company to update this form.

In an effort to maintain accurate records, United is requesting that you also provide certification information for ALL technicians employed by your company. Please complete section 3 below.

Section 3: Certified Technicians – Number of EPA certified technicians employed by your company_____

Name	Type	Certifying Organization	ID#

Section 4: The following MUST be signed by an officer or other responsible person employed by your company: I hereby certify on behalf of _____ that the information provided on this form is true and accurate.

_____ _____

Signature Title/Position

_____ _____

Please **print** name legibly Date