



# DISTRIBUTING

DISTRIBUTORS OF MAJOR APPLIANCE PARTS - COMMERCIAL - HVAC

DO NOT WRITE  
IN THIS AREA

PLEASE MARK PRIMARY LOCATION

1401 Willow Lake Boulevard  
Vadnais Heights, MN 55110  
651/490-9191

525 N. Snelling Avenue  
St. Paul, MN 55104  
651/647-0171

1413 North "B" Avenue  
Sioux Falls, SD 57104  
605/338-6300

3727 University Avenue  
Waterloo, IA 50701  
319/232-8998

1418 North Irwin  
Green Bay, WI 54308  
920/437-7022

4302 Airpark Boulevard  
Duluth, MN 55811  
218/723-1626

3123 99th St.  
Urbandale, IA 50322  
515/252-7152

Springbrook Mall  
137 85th Avenue N.W.  
Coon Rapids, MN 55433  
763/786-8107

1975 Seneca Road, Ste #200  
Eagan, MN 55122  
952/890-9358

2810 3rd Avenue North  
Fargo, ND 58102  
701/239-8343

930 Wyandot Street  
Denver, CO 80204  
303/288-9332

14307 West 95th Street  
Lenexa, KS 66215  
913/541-1406

8819 South 117th Street  
LaVista, NE 68128  
402/592-7944

3455 North 124th St.  
Brookfield, WI 53005  
262/783-2062

2656 NE Hagan Rd  
Lee's Summit, MO 64064  
816/525-1900

6761 E 10 Mile Rd  
Center Line, MI 48015  
586/754/9985

609 W Mockingbird Ln  
Dallas, TX 75247  
214/352-4978

## APPLICATION FOR CREDIT ACCOUNT

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Sales Tax No. \_\_\_\_\_ Fax ( ) \_\_\_\_\_

We must have sales tax certificate on file or bill you tax.

References (Include one bank reference with account number please.)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Acct. No. \_\_\_\_\_

Fax ( ) \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Acct. No. \_\_\_\_\_

Fax ( ) \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Acct. No. \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

The annual gross sales of the Business \_\_\_\_\_

Do you use purchase order numbers? \_\_\_\_\_

Monthly estimate of purchases \$ \_\_\_\_\_

Do you anticipate doing any warranty work? \_\_\_\_\_

Do you use more than one shipping address? \_\_\_\_\_

If yes, please list addresses on back of this form.

\*If additional space is needed, list additional owners on separate paper.

The Company and all listed Owners warrant and represent that the Owners listed above are all of the Owners of the Company and that all information provided above is true and correct.

*Please sign, date and complete the information requested on reverse side.*

CREDIT AGREEMENT

Terms: Upon Company being approved of credit by Dey, the following terms shall be applicable to the parties' relationship. The net balance of all invoices shall be due on the 15th day of the next month following the invoice date. Any past due amount shall be subject to a service charge of 1.5% per month. The Company shall be responsible for all service and finance charges, and all attorney fees and costs associated with the collection of all amounts due however. The undersigned owner(s) hereby personally guarantee the prompt and complete payment of all amounts due Dey under this Agreement, including all past due balances, service charges, attorney's fees and costs, and other costs of collection related thereto. Dey reserves the sole and exclusive right to change the terms of their credit policy and the terms and conditions of this Credit Agreement at any time without notice to Applicant.

Company

By: \_\_\_\_\_

Its: \_\_\_\_\_

Dated: \_\_\_\_\_

Owners:

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated