WICHITA A/C SUPPLY CO. 1403 SCOTT ST. WICHITA FALLS, TX 76301 PH. (940) 322-2466 FAX (940) 322-2499

CUSTOMER ACCOUNT APPLICATION

Business Name	Type of Business					
Street Address		City		State	Zip	
Mailing Address		City		State	Zip	
Phone #	Fax #	•	E-Mail			
No. Years in Business	State of Origin	Co	ontact Person			
PROPRIETORS	Fax # Fax # State of Origin PART	NERSHIP	CORPOR	ATION	-	
Name of Parent Compan	y, If a Subsidiary or Division					
Federal ID #	Sa SES	les Tax Exempti	on #			
SUPPLIER REFERENCE	ES					
Name	Acet # Acet # Acet # Acet #	Phone #		Fax #_		
Name	Acct #	Phone #		Fax #_		
Name	Acct #	Phone #		Fax #_		
Bank	Acct #	Phone #		Fax #_		
PRINCIPAL OWNERS						
	rtnership: List all Owners and/o		3.6			
_	ited Liability Company: List Of			C	-1.6	
Name	<u>Title</u> <u>Home Address</u>		Phone	Soci	al Security #	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
undersigned Guarantor(s). Thi before or until Wichita A/C Su matter what person or entity of applicant or the existence of en Company may jointly or indep Guarantor(s). If the Guaranty Guarantor(s). The undersigned		nd effect with respect ce terminating this g applicant's account applicant using or b t or release collatera t, one or more Guara ce of this Guaranty,	to all materials and regardless of the desired tending from the confitting from the co	supplied under U.S. certified, of any change in the materials supplicant, with eased, and such e Guaranty	er the account of applicant return receipt requested, no in the legal structure of upplied. Wichita A/C Supply nout releasing the undersigned ch release shall not release the shall be at Wichita Falls,	
	TEDMS OF SALE P	OD CHOTOME	D A CCOLINI			
	TERMS OF SALE F	OR CUSTOME	RACCOUNT			
further understand to Business and Credit entities. This is not a supply materials or a customer agrees tha (18% per annum), be amount of 1/3 of the submit to personal juforum for any litigat Customer brings suit Texas.	information is correct, complete and the hat Seller will rely on this information of Reports on customer or any principals linguagement by seller to lend money, it is extend credit to customer. It any amount not paid within the Sellers of before and after judgment, and furth total due, if this account is placed with a prisidiction in Wichita County, Texas, and ion arising out of or related to this agree to, shall be Wichita County, Texas. This Agresigned acknowledges, accepts, and agrees accepts, and agrees accepts.	or the extension of cristed above or to obts an agreement by cristian published payment her agrees to pay all attorney for collect dagrees that this agreement or any other colored agreement shall be greement shall be greement shall be greement.	redit. I/We autho ain credit and fur istomer for the beterms will carry cost incurred in the iton, whether suit reement is perforontract between so overned by and contract of the incurrence of	rize Seller fronding informations information of Selle interest at the collection, including the filled or not mable in Wicheller and Custonstrued in a	om time to time to obtain ation from any other persons or any, should Seller determine to the rate of 1-1/2% per month luding attorney's fees in the obt. Customer expressly agrees to thita County, Texas, and the stomer, whether Seller or eccordance with the laws of	
COMPANY			DA	TE		
SIGNATURE			TIT	TLE		
SIGNATURE			TIT	LE		



## Wichita A/C Supply Co. 1403 Scott St. Wichita Falls, TX 76301 PH. (940) 322-2466 FAX (940) 322-2499

DATE:	
TO:	
ATTN:	
INFO PROVIDED BY:	
REPLY TO FAX #	

## PROJECT DATA INFORMATION SHEET

PROJECT					
					,
PROJECT LOCATION					
	CITY				-
	STATE	***************************************			
PLEASE INDICATE TY	PE:	*PUBLIC	PRIVATE	*FEDERAL	
GENERAL CONTRACT	OR:				
STREET ADDRESS: CITY, ST, ZIP:				PHONE	
SUB-CONTRACTOR:					
STREET ADDRESS:					
CITY, ST, ZIP:				PHONE	3
PROJECT OWNER:					
STREET ADDRESS:					
CITY, ST, ZIP:				PHONE	
BONDING COMPANY:			aran orda gazanisaran da karan k		
BOND NUMBER:					
REPRESENTATIVE:					
STREET ADDRESS:					
CITY, ST, ZIP:				PHONE	
*BONDING INFOR	MATION	REQUIRED ON A	LL PUBLIC & FEDERA	AL PROJECTS	
LEGAL DESCRIPTION	OF BBOSS	DTV.			

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## SALES TAX EXEMPTION CERTIFICATE

CUSTO	OMER NAME:	JOB NAME:					
ADDRE	SS	ADDRESS					
CITY	STATE ZIP	CITY	STA	ГЕ	ZIP		
from our return wi	to comply with state and local sales and use tax law requirement customers who claim sales and/or use tax exemption. If We cithin 10 days, so our records may reflect your proper tax statu	lo not have this Certificate, props.	a properly executed exemption erly completed, your account wi	or resale certific ill be taxed. Plea	ate		
SECTIO SECTIO SECTIO	N 2. If You have an exemption certificate for a job, or are		te this section.				
	ales or Use Tax Permit Number must contain 11 digits (or pron retailers must show their Federal Taxpayers Registry (RFC)						
SECTION 1	Provide a detailed description of products to be purchased from the Seller.		Resale Number (11 digits	)	State		
FOR	Type of business activity generally engaged in by purc	chaser.			( one)		
RESALE	The taxable items described above, or on the attached graphical limits of the United States of America, its ter Mexican States, in its present form or attached to other	ritories and possessions, or w	vithin the geographical limits of	_			
ONLY	I understand that if I make any use of the item other than retention, demonstration or display while holding it for sale, lease, or rental, I must pay sales tax on the item at the time of use based upon either the purchase price or the fair market rental value for the period of time used.  I understand that it is a criminal offense to give a resale certificate to the seller for taxable items which I know, at the time of						
	purchase, are purchased for use rather than for the puevaded, the offense may range from a Class C misder		7 7	ount of tax			
SECTION 2	Purchaser claims this exemption for the following reas Tax Exempt Job or Business	on:					
FOR	Provide a detailed description of products to be purcha		Blanket (all purchases Unit Invoice	PO#	ŧ		
TAX EXEMPT JOB OR BUSINESS	I understand that I will be liable for payment of sales tax which may become due for failure to comply with the provisions of the Tax Code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a						
	population of 125,000 or less.  I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.						
SECTION 3	THE INFORMATION FURNISHED ABOVE IS TRUE AUTHORIZED	AND CORRECT AS TO EVE	RY MATERIAL MATTER	DATE			
SIGNATURE REQUIRED	SIGNATURE			5,			