



ARNOLD REFRIGERATION, INC.

1122 N. Cherry Street, San Antonio, Tx 78202
 Phone (210) 225-5493 Fax (210) 225-2605
 Email: mail@arnoldrefrigeration.com

ARI USE ONLY

Date	Slsmn	Approved
Vendor Number	Credit Limit	Terms
<input type="checkbox"/> EQ	<input type="checkbox"/> Srv	Lbr _____ Mat _____ TC _____

CREDIT APPLICATION/SALES AGREEMENT

PAGE (2) OF THIS AGREEMENT MUST BE SIGNED

Legal Name-(As registered with IRS or SSA) Individual or Sole Proprletorship, enter Last, First name,and Middle Initial Hidalgo County			
Trade Name - If Doing Business As (D.B.A) or business name of Sole Proprletorship			
Physical Address 3100 S. Business 281		City Edinburg	State TX
			Zip 78539
Billing Address (if different) 3100 S. Business 281		City Edinburg	State TX
			Zip 78539
Account Payable Contact Russell Solis		Phone Number (956)289-7850	Fax Number
E-Mail russell.solis@co.hidalgo.tx.us		Nature of Business	Federal Tax ID# 746000717

Type of Entity: Proprietorship Partnership Corporation LLC LLP Other Government

Year Established: _____ **If Incorporated:** Year Incorporated _____ **State Incorporated** Texas

Is customer licensed to do business in Texas? Yes No **License No.** _____

Are purchase orders required? Yes No **Amount of Credit Requested:** \$10,000

Will purchases be taxable? Yes No (Fully completed Re-Sale or Tax Exemption Cert must be attached)

Principal(s) Name	Title	Phone Number

Have any of the Companies or Individuals listed above ever been a Debtor in Bankruptcy? Yes No

Are there any unsatisfied judgments against any of the Companies or Individuals listed above? Yes No

Any legal actions or arbitrations pending against any of the Companies or Individuals listed above? Yes No

If you answered YES to any of the above questions, please give detailed explanation: _____

Bank References

Bank Name	Bank Contact	Phone Number	Account Number	Account Type
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Credit References (Please provide at least three - attached separate sheet of paper if necessary)

1) Creditor Name		Address		City	State/Zip
Contact Person		Account Number		Phone No.	Fax No.
2) Creditor Name		Address		City	State/Zip
Contact Person		Account Number		Phone No.	Fax No.
3) Creditor Name		Address		City	State/Zip
Contact Person		Account Number		Phone No.	Fax No.

Payment Terms for All Credit Sales

SALES AGREEMENT

The undersigned applicant for credit, ("Customer") by execution of this application, warrants and represents that the statements of facts furnished on "Page 1" hereof are true, complete and correct, acknowledges the Arnold Refrigeration, Inc., "ARI" will rely on this information for the extension of credit, and has and does hereby expressly agree that all purchases now made and which may be hereafter made from Arnold Refrigeration, Inc., "ARI" as Seller, shall be upon the following terms and conditions:

- 1 Terms: All invoices charged to an approved open account are due and payable within 30 days from the invoice date or as otherwise shown on the invoice. These terms are guaranteed regardless of whether or not the Customer collects its money from a general contractor, subcontractor, owner or any other paying agency. It is fully understood that the Customer is not looking to Arnold Refrigeration, Inc., for financing if payment is delayed, disputed or denied by any general contractor, subcontractor, owner, or another paying agency on a particular job or project for which goods or services are provided to Customer by Arnold Refrigeration, Inc.
2 Accounts not paid within 10 days from the due date, may be placed on C.O.D. basis at the sole discretion of Arnold Refrigeration, Inc., until the account is paid in full or other satisfactory payment assurances are made. In the event of default and referral to an attorney or collection agency, or if collection action or suit is brought on the account, or same is collected through Probate or Bankruptcy proceedings, Customer agrees to pay all cost of collection, including all attorney fees and court costs. Customer agrees to pay such sums upon demand of Seller. Venue for any action relating to goods or services sold to the undersigned, or any account for same, shall be in Bexar County, Texas
3 Insufficient Funds/Returned Checks: Arnold Refrigeration, Inc., reserves the right to assess \$30 on each insufficient funds or returned check. Arnold Refrigeration, Inc. further reserves the right to return the account to a C.O.D. basis until such time as a satisfactory sales history is again established.
4 Finance charges on all past due amounts will be assessed at the lesser of 1.5% per month (annual percentage rate of 185), pursuant to the annualized ceiling rat set forth in V.T.C.A. Finance Code Section 303.009(a), or the maximum lawful rate allowed by applicable law.
5 Statements and invoices are payable to Arnold Refrigeration, Inc., at 1122 N. Cherry Street, San Antonio, Bexar County, Texas 78202

Customer authorizes Arnold Refrigeration, Inc., at any time and from time to time, to obtain and use Credit Reports or other credit information on Customer. Customer further agrees to supply such additional information as may be required by Seller to warrant the future extensions of credit or to enable Seller to perfect liens or to recover upon any bond issued.

If this credit application reflects that Customer is a proprietorship or partnership, and at a later date Customer incorporates, merges with another entity or otherwise changes its business structure, I/we will be responsible for the debts of the successor entity or organization, unless mutually waived in writing. The guaranty is likewise performable and enforceable in Bexar County, Texas.

My signature on this agreement constitutes the consent to the terms contained herein and authorizes you to check the credit history, bank and credit references. All information stated on this application is true and correct to the best of my knowledge and am authorized to make and guarantee this agreement on behalf of the named Customer. I understand and agree that you will retain this application whether or not it is approved.

Customer:

Table with 2 rows and 2 columns: Authorized Signature, Date Signed, Printed Name, Title

Please return completed form and tax certificates (if applicable) to:

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Arnold Refrigeration Inc/ARI