



COMPLETE HVAC SOLUTIONS

| COD APPLICATION | | | | |
|---|-----------------------------------|---|---|-------------|
| <i>AS A BASIS FOR CONSIDERATION FOR AN ACCOUNT BASED ON COD TERMS, ALL BLANK SPACES MUST BE FILLED IN AND APPLICATION SIGNED, AND ORIGINAL RETURNED</i> | | | | |
| LEGAL BUSINESS NAME | TRADE NAME | TELEPHONE NO. () FAX NO. () E-MAIL: | | |
| STREET ADDRESS-BUSINESS | CITY | COUNTY | STATE | ZIP CODE |
| BILLING ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
| IS BUSINESS: | INDIVIDUALLY OWNED FEDERAL ID# | PARTNERSHIP | LTD. PARTNERSHIP | CORPORATION |
| NAME - PRINCIPAL | TITLE | TELEPHONE NO. () | | |
| HOME ADDRESS | CITY | STATE | ZIP CODE | |
| NAME - PRINCIPAL | TITLE | TELEPHONE NO. () | | |
| PRIMARY TYPE OF BUSINESS: | RESIDENTIAL | COMMERCIAL | HVAC/GAS/MECHANICAL LICENSE # | |
| DATE BUSINESS ESTABLISHED IF LESS THAN THREE YEARS, LIST PREVIOUS WORK EXPERIENCE OR BUSINESS NAME | | | | |
| HAVE ANY OWNERS OF THIS BUSINESS EVER FILED BANKRUPTCY? | | | IF YES, GIVE NAME, COMPANY AND DATE | |
| TYPE OF MERCHANDISE YOU WILL BE PURCHASING: EQUIPMENT PARTS SUPPLIES/ACCESSORIES | | | | |
| WILL YOUR PURCHASES BE TAX EXEMPT? NO YES | | | IF YES, TAX EXEMPT CERTIFICATE MUST BE ATTACHED TAX EXEMPT #: | |
| P.O. # REQUIRED | YES | NO | ESTIMATED AMOUNT OF MONTHLY PURCHASES: \$ IF ESTIMATED AMOUNT IS MORE THAN 10,000 PLEASE FURNISH A FINANCIAL STATEMENT | |

COLLECTION AND ATTORNEY'S FEES

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and /or costs of collection whether or not suit is filed.

(I) (We) understand that The Habegger Corporation makes no warranties regarding goods sold. This includes but is not limited to, the warranty of fitness for a particular purpose or warranty of merchantability. All warranties are limited to the manufacturer's policy regarding the specific goods.

CHANGE OF OWNERSHIP

I/We understand that we must notify The Habegger Corporation in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which the account is established.

VENUE/APPLICABLE LAW

All amounts due for purchases from The Habegger Corporation are payable at 1216 Northgate Business Parkway Madison, TN 37115. It is further agreed that this agreement is entered into the state of Tennessee, county of Davidson, and is governed by the laws of the state of Tennessee.

SALES TAX INDEMNIFICATION

If The Habegger Corporation is assessed sales tax on any sale by any taxing authority, the buyer agrees to promptly reimburse The Habegger Corporation.

AUTHORITY OF SIGNATURE and TITLE

The person executing this agreement has the authority to bind the customer and is authorized by the customer to enter into the COD application with The Habegger Corporation.

RETURN CHECK CHARGES

Any checks returned will be accessed the applicable return check fee.

Firm Name _____

By: _____ Print Name _____ Title _____

By: _____ Print Name _____ Title _____

Signed original application must be received before account can be opened

THE HABEGGER CORPORATION

1216 Northgate Business Parkway • Madison, TN 37115 • (615) 244-3573 • FAX (615) 244-1219