



Date: _____

Location: _____

Consultant: _____

APPLICATION FOR TROPIC SUPPLY CASH ACCOUNT
Fax completed application to 954-835-6002
Attention: Credit Department

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different) _____

City: _____ State: _____ Zip: _____

Telephone # _____ Fax # _____ Cell # _____

Email: _____ Website: _____

Contact Information:

Owner/ Principal: _____ Office # _____ Fax# _____ Cell# _____

Purchase Order required? YES NO First Purchase Repeat Customer

Authorized users of the account:

Please attach a list of authorized users and advise of any changes to this list promptly:

(1) _____ (2) _____

(3) _____ (4) _____

Type of Business (check all that apply):

___ HVAC ___ Service & Maintenance ___ Refrigeration ___ Construction ___ Institution (School, Hospital, Etc.)

___ Export/Exporter ___ Other: _____

License Type: _____ Cert. License # _____ Registered with State of FL: YES NO

Attached documents (please attach all documents that apply):

DERM Permit (attached) EPA Certificate Driver's License Business Card

Tax Exempt? NO YES (If YES, must attach copy of Current Tax Exempt Certificate)

Communication Preferences (please indicate how you would like to receive marketing communications – select all that apply):

- Text to: _____ Email to: _____
 Send to mailing address Do not send marketing communications

PLEASE SELECT YOUR PREFERRED METHOD OF PAYMENT

- CASH CREDIT CARD DEBIT CARD
 BLANKET CREDIT CARD AUTH. FORM COMPANY CHECK *
 WIRE TRANSFER (in advance)

****PLEASE READ CAREFULLY****

(Owner/Officer signature is required before processing)

The person, corporation and/or firm, whose name appears in this document, and to whom a cash account is extended, agrees to be governed by the following:

The applicant warrants that the information provided is true and is given for the purpose of obtaining goods from Tropic Supply on a cash basis. The applicant authorizes Tropic Supply to use and verify the above information in any way deemed necessary.

1. Tropic Supply requires a deposit or pre-payment in full on all special orders. It is agreed and understood that all such orders, once placed, cannot be cancelled or returned.
2. The applicant agrees to notify Tropic Supply of any changes in ownership, officers, company name or manner in which the business operates.
3. The customer hereby waives any rights to claim consequential damages for any reason. In the event any material is defective, Tropic Supply will replace or credit said defective material according to its formal warranty policy of which applicant may request a copy at any time.

****Payment by Company Check: Approval to pay for goods by company check must be obtained in advanced from Tropic Supply's Credit Department. If you are interested in paying by company check, please attach a 'VOIDED' copy of your company check to this application. Checks written in any amount and returned for (1) lack of sufficient fund (2) stop payment (3) or any other reason will assess a returned check charge of \$30.00. Tropic Supply may require additional documentation in order to approve payment by company check.***

With my signature I/We hereby apply for Tropic Supply's 'COD' Cash Account, and agree to the above terms and conditions.

Signature: _____ Print Name _____

Title: _____ Date: _____