



Admor HVAC Products, Inc.
 815 Waiakamilo Road, Honolulu, HI 96817
 Ph: 808-841-7400 ▪ Toll-Free: 1-800-320-3222
 Fax: 808-841-7222
 Email: melvina@admorhvac.com

FOR OFFICIAL USE ONLY	
Approved by	_____
Date	_____
Open account limit	\$ _____
Terms	_____

Admor Salesman: _____

Failure to complete this form in its entirety may cause a delay in the review and approval process.

COMMERCIAL CREDIT APPLICATION

Confidential for internal use only.

APPLICANT'S PROFILE

DATE: _____

LEGAL NAME	_____				
TRADE NAME	_____				
ADDRESS	P.O. BOX NO./ NO.	STREET	CITY	STATE	ZIP
MAILING ADDRESS	P.O. BOX NO./ NO.	STREET	CITY	STATE	ZIP
TELEPHONE	_____		ACCOUNTS PAYABLE CONTACT:	_____	
FACSIMILE	_____		A/P TELEPHONE & FAX IF DIFFERENT:		

TYPE OF BUSINESS	<input type="checkbox"/> CORPORATION <input type="checkbox"/> GEN. PARTNERSHIP <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP OTHER: _____				
BUSINESS HISTORY	DATE STARTED	AT THIS LOCATION SINCE	IF INCORPORATED, DATE & STATE INC		
ID NUMBER	FEDERAL ID NO.	HAWAII GEN. EXCISE TAX	DUNS	IF CONTRATOR, LICENSE NO.	
MAILING ADDRESS	P.O. BOX NO./ NO.	STREET	CITY	STATE	ZIP
NATURE OF BUSINESS	_____				

PURCHASING INFORMATION

ESTIMATED MONTHLY PURCHASES	AMOUNT OF CREDIT BEING REQUESTED	DO YOU PRESENTLY PURCHASE FROM US?	WHERE?
\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
DO YOU USE PURCHASE ORDERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL <input type="checkbox"/> BOTH		

AUTHORIZED PURCHASERS
List Name & Titles below. Attach separate list if available or if additional space is required.
1. _____
2. _____

PRINCIPALS

Names of Officers, General Partners or Owners and Interest of each in this business.

TITLE	FULL NAME	RESIDENCE ADDRESS	SSN#	INTEREST

BANK REFERENCES

Attach separate reference sheet if available or complete list below. Bank Account numbers are required.

BANK NAME & PHONE #:	ADDRESS AND/OR BRANCH NAME	CONTACT	CHECKING ACCT #	SAVINGS ACCT #
	Street	Name		
Ph:	City State Zip	Title		
	Street	Name		
Ph:	City State Zip	Title		

TRADE REFERENCES

Attach separate reference sheet if available or complete below.

NAME & PHONE/FAX #:	ADDRESS	CONTACT	TERMS	PRODUCTS OR SERVICES
	Street	Name	Disc.	
Ph: Fax:	City State Zip	Title	Net	
	Street	Name	Disc.	
Ph: Fax:	City State Zip	Title	Net	
	Street	Name	Disc.	
Ph: Fax:	City State Zip	Title	Net	

CREDIT TERMS AND AGREEMENT

Credit terms, agreements confirmation of accuracy & release of authority to verify:

I AGREE

1. TERMS are net 30 days. All payments shall be received by Admor HVAC at the address.
2. To PAY each month a Late Fee equal to 1% of any unpaid past due balance.
3. To PAY, in addition to the amount due, a reasonable collector's and/or attorney's fee if collection or legal action is instituted.
4. To submit to Admor HVAC (in strict Confidence) my most recent financial statement with this application and once a year thereafter if approved.
5. To notify Admor HVAC of any changes in our ownership, officers, and/or authorized purchasers.

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Admor HVAC in determining the amount and conditions of credit to be extended. I understand that Admor HVAC may also utilize the others sources of credit which it considers necessary in making this determination. Further, I hereby authorize the banks and trade references listed in this credit application to release the information necessary to assist Admor HVAC in establishing my account.

PRINT NAME_____
SIGNATURE_____
TITLE_____
DATE

RESALE CERTIFICATE

To Admor HVAC (Seller) 815 Waiakamilo Road, Honolulu, HI 96817

The undersigned hereby certifies, pursuant to section 237-13(2)(f) of the General Excise Tax Law, Chapter 237, HRS, as amended, and the rules of the Director of Taxation Relating to Resale Certificates and Sales at Wholesale:

That the purchaser is the holder of Hawaii G.E./Use Identification No. _____ under the General Excise Tax Law, that the nature and character of the Purchaser's business is _____

That until the Certificate is revoked by notice in writing it shall apply to all sales of tangible personal property which the Purchaser shall purchase from the seller named above, except those orders as to which the Purchaser shall specify by notice in writing that this Certificate does not apply.

That all of the sales of tangible personal property to which this Certificate applies shall be sales at wholesale as provided by section 237-4, Hawaii revised statutes.

Signature: _____ Title or Source of Authority: _____

PERSONAL GUARANTEE

FOR VALUE RECEIVED, and in consideration of Admor HVAC extending credit for any goods which Admor HVAC

_____, the undersigned, jointly and severally, hereby personally
(Business Name)

guarantee unconditionally, the payment of such sums of money on demand, as are now, or at any time hereafter may be owing to

Admor HVAC _____ for goods so supplied and for which amount this
(Business Name)

shall be a continuing guaranty, and all costs and expenses incurred in collection such amounts including reasonable attorney fees. The undersigned hereby also waive notice of default, presentment, demand of payment and notice of non-payment, protest and consent to substitute, change, or withdrawal of securities or modification or renewal of the credit agreement hereby guaranteed, without notice, and to extensions of title for payment without notice.

Signature: _____ (Individually) Date: _____

Print Name: _____ SSN#: _____

Home Address: _____ Home Phone: _____

City/State: _____ Daytime Phone: _____

Signature: _____ (Individually) Date: _____

Print Name: _____ SSN#: _____

Home Address: _____ Home Phone: _____

City/State: _____ Daytime Phone: _____

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I, _____, hereby authorize my
bank to release information relevant to establishing a credit account with Admor HVAC
Products, Inc.

My bank reference as follows:

Name: _____ Phone: _____

Address: _____ Fax: _____

Acct #: _____ ABA # _____

Contact: _____

Signature & Title

PLEASE FILL THE INFORMATION BELOW OR ATTACH THE MOST CURRENT COMPANY FINANCIAL STATEMENT.

BALANCE SHEET ON _____

ASSETS

CURRENT ASSETS:

CASH _____
RECEIVABLES _____
INVENTORIES _____
OTHERS _____

PROPERTIES & EQUIPMENTS:

PROPERTIES _____
EQUIPMENTS _____

TOTAL ASSETS: _____

LIABILITIES AND CAPITAL

CURRENT:

TRADE PAYABLE _____
NOTES, LOAN PAYABLE _____
OTHER PAYABLE _____
PAYABLE TO OWNERS/
STOCKHOLDERS _____

LONG TERM LIABILITIES:

NOTES, MORTGAGE _____
PAYABLE TO OWNERS/
STOCKHOLDERS _____

TOTAL LIABILITIES _____

STOCK HOLDER'S EQUITY:

COMMON STOCK _____
PREFERRED STOCK _____
RETAINED EARNINGS _____

**TOTAL STOCKHOLDERS
EQUITY** _____

**TOTAL LIABILITIES AND
CAPITAL** _____

INCOME STATEMENT FOR THE PERIOD ENDED

NETS SALES OR REVENUE _____
LESS: COST OF SALES OR OPERATION _____
GROSS PROFIT _____
LESS: OPERATING EXPENSES _____
NET INCOME FROM OPERATIONS _____
ADD: OTHER INCOME _____
NET INCOME OR (LOSS) _____