



6901 W. Old Shakopee Road • Bloomington, MN 55438-2682 • Phone: 952-918-8000 • Fax: 952-918-8080

CREDIT APPLICATION AND REPRESENTATIONS

(The information provided below is confidential and exclusively for our use.)

CUSTOMER INFORMATION: Customer warrants that the following information is accurate and complete.			
Name of Customer (Legal Name-Trade Name)		FEDERAL ID # OR SS # <i>(REQUIRED FOR CREDIT APPROVAL)</i>	
Mailing Address	City	State	Zip
Shipping Address	City	State	Zip
Phone Number	Fax Number	E-Mail Address	
Contact Person - Position			
BUSINESS FACTS: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____ Formed/incorporated under state laws of: _____ Date of formation, incorporation or partnership: _____ Length of present ownership: _____ years _____ months Is business a subsidiary or franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, name/address: _____ Is the company tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach Tax Exempt Certificate			
Previous Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No Under what name? _____ Date of last transaction _____			
Customer: business premises <input type="checkbox"/> Own <input type="checkbox"/> Lease			
Name, Address and Telephone Number of Mortgage Holder or Lessor: _____			
Please check the box that describes your primary business:			
<input type="checkbox"/> Residential Contractor <input type="checkbox"/> Refrigeration Contractor <input type="checkbox"/> Commercial Contractor <input type="checkbox"/> Service Contractor <input type="checkbox"/> Other (Please Describe) _____			
Anticipated Monthly Sales Volume: _____		Master License #: _____	
Do you intend to buy Freon or related products? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach your EPA certification</i> Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Customer has a total of ____ corporate officers, shareholders, partners, general partners or proprietors. For each such person, please provide the following information. (Please attach additional sheets as needed.)			
1. Name & Title		2. Name & Title	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Social Security Number % Shares Owned		Social Security Number % Shares Owned	
State Driver's License Number		State Driver's License Number	
BANKING:	Bank Name	City, State	Contact Person Phone #

Bank Account Number _____		ABA# (Routing) _____	
BANKING:	Bank Name	City, State	Contact Person Phone #

Bank Account Number _____		ABA#(Routing) _____	

CONTINUED ON REVERSE SIDE

MN Air Rep _____

TRADE REFERENCES:			
Name:	Address	Phone Number	Fax Number
1.			
2.			
3.			

IMPORTANT PLEASE READ!

The Customer acknowledges that any extension or renewal of credit in respect to merchandise sold and delivered, or services provided by Minnesota Air, Inc. (hereinafter referred to as the "Company") is granted to the Customer by the Company in reliance upon the information in this application and the Customer further represents the information contained herein (I) is not materially false; (II) accurately reflects the financial condition of the Customer; (III) will be reasonably relied upon by the Company; and (IV) is given to the Company by the Customer with the intent to receive the merchandise, services or the extension of credit.

The Customer agrees to notify the Company immediately in writing of any significant adverse change in its financial condition and to supply the Company with any information it may reasonably request in order to update its credit file.

Open account credit terms, if credit is granted is 1% 10th N 30 (statement must be paid in full to receive discount). No terms or conditions of purchase orders different from the terms of the Company will become part of any sales agreement, purchase order, or document unless specifically approved in writing by the Company.

A 1.5% monthly (18% APR) service charge will be added to all accounts which are 60 or more days delinquent. In the event the account becomes delinquent, Customer shall pay Company's reasonable attorneys' fees associated with collection of the account plus attendant collection costs whether or not litigation is initiated.

Company may cancel extension of credit and/or discontinue deliveries at any time.

All transactions arising under this Agreement shall be governed by the laws of the State of Minnesota. At Company's option, venue of any action to enforce this Agreement shall be either in Hennepin County, Minnesota or the county where Customers business is located.

DATED: _____

Legal Name of Customer

Officer, Owner or Partner's Signature

Print Name and Title of Person Signing

Personal Guaranty
Please read carefully before signing.

In consideration of the extension of credit by Minnesota Air, Inc., (hereinafter "Company") to _____ (Hereinafter "Customer"), I (and if more than one, each of us jointly and severally) hereby absolutely and unconditionally guaranty payment at maturity to the Company for all merchandise ordered by, produced for or shipped to the Customer from time to time hereafter.

This Guaranty Shall be a continuing guaranty and shall cover future indebtedness of Customer to Company as contemplated hereunder, including indebtedness arising under successive transactions that either continue the indebtedness or, from time to time, renew it after it has been satisfied.

If Customer does not repay its indebtedness at maturity, I/we will be personally responsible for such indebtedness without the necessity of Company exhausting its remedies against the Customer. I/we also agree to pay all costs of collection, including reasonable attorneys' fees incurred by Company in collecting or attempting to collect all sums due from Customer regardless of whether suit is initiated.

All notices from the Company of sales to the Customer, defaults by the Customer, demands for payment, extensions of time, and other notices required or customarily given are hereby waived, and this Guaranty shall not be affected by the acceptance by the Company of partial payments nor by the receipt of other guaranties or security.

Witnessed by:

Guarantor(s)
(Do Not include title with signature; print name below signature)

Dated: _____



Please indicate the preferred email address; you would like your invoices and statements delivered.

INVOICES

Email Address 1: _____

Email Address 2: _____

STATEMENTS

Email Address 1: _____

Email Address 2: _____