

marcone | SUPPLY
Appliance, Cooling & Property

Fax: 888.832.4948 • Phone: 888.791.4490

Please Type Or Print Clearly
Incomplete Forms Cannot Be Processed
All Fields Must Be Filled In

PROPERTY MAINTENANCE CREDIT APPLICATION

PROPERTY LOCATION

NAME _____

ADDRESS _____

APT. NO. _____

CITY _____ STATE _____ ZIP _____

PURCHASING CONTACT _____

PHONE _____ FAX _____ EMAIL _____

For correct billing and shipping each property must have a credit application completed or a seperate list with all location details.

PROPERTY TYPE

MULTI-HOUSING:

- APARTMENT HOTEL/MOTEL CONDO/OWNER ASSOC
 HOUSING AUTHORITY MILITARY CONTRACTOR

INSTITUTION:

- HEALTHCARE SCHOOL RELIGION/CHARITY GOVERNMENT MILITARY

COMMERCIAL:

- OFFICE BLDG. SHOPPING CTR MFG FACILITY MAINTENANCE/REHAB OTHER

PROPERTY OWNERSHIP

SS#/FEDERAL ID# _____

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

CHECK ONE: SOLE PROPRIETORSHIP LIMITED PARTNERSHIP CORPORATE LIMITED LIABILITY CO.
 PARTNERSHIP STATE _____ STATE _____ STATE _____

FEE MANAGED

MANAGEMENT COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

CHECK ONE: SOLE PROPRIETORSHIP LIMITED PARTNERSHIP CORPORATE LIMITED LIABILITY CO.
 PARTNERSHIP STATE _____ STATE _____ STATE _____

BILLING INFORMATION

MAIL INVOICE TO:

- PROPERTY OWNER MANAGEMENT CO. OTHER _____

FAX _____ EMAIL _____

SHIP TO: _____

- PROPERTY OWNER MANAGEMENT CO. OTHER _____

AMOUNT OF CREDIT DESIRED _____

ANY SPECIAL INSTRUCTIONS _____

TAX EXEMPT # (CERTIFICATE REQUIRED) _____ DO YOU ACCEPT BACKORDERS? _____

P.O. NUMBER REQUIRED? _____ NUMBER OF UNITS AT PROPERTY? _____

TYPE OF ACCOUNT YOU ARE APPLYING FOR:

OPEN ACCOUNT DISCOVER MASTERCARD VISA AMEX EXPIRATION DATE _____

CARD HOLDER _____ ACCT. NUMBER _____

BANK REFERENCE

BANK NAME _____ PHONE _____ FAX _____

ADDRESS _____ ACCT. NUMBER _____

CITY _____ STATE _____ ZIP _____ CONTACT NAME _____

TRADE REFERENCE

SUPPLIER _____ PHONE _____ FAX _____

ADDRESS _____ ACCT. NUMBER _____

CITY _____ STATE _____ ZIP _____ CONTACT NAME _____

TRADE REFERENCE

SUPPLIER _____ PHONE _____ FAX _____

ADDRESS _____ ACCT. NUMBER _____

CITY _____ STATE _____ ZIP _____ CONTACT NAME _____

AUTHORIZATION TO RELEASE INFORMATION

THE UNDERSIGNED AUTHORIZES ANY BANK OR TRADE ACCOUNT TO RELEASE ALL INFORMATION TO MARCONE SUPPLY FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION TO ESTABLISH AN ACCOUNT AND GRANTS PERMISSION TO MARCONE SUPPLY TO OBTAIN A CREDIT REPORT FROM ANY CREDIT REPORTING AGENCY.

PAYMENT TERMS

TERMS OF SALE ARE NET 10 EOM. A SERVICE CHARGE OF 1.5% PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ALL BALANCES OVER 30 DAYS PAST DUE. IF THE ACCOUNT MUST BE REFERRED FOR COLLECTION THE UNDERSIGNED AGREES TO PAY ALL COSTS INCLUDING BUT NOT LIMITED TO COLLECTION FEES AND ATTORNEY FEES.

PERSONAL GUARANTEE

THE UNDERSIGNED IN CONSIDERATION FOR THE EXTENSION OF CREDIT TO SAID APPLICANT HEREBY AGREES TO THE ABOVE TERMS AND CONDITIONS AND AGREES TO ASSUME PERSONAL LIABILITY AND RESPONSIBILITY FOR PAYMENT OF THE COMPANY'S ACCOUNT AND GUARANTEES PAYMENT OF ANY MONEYS TO BECOME DUE ACCORDING TO THE ABOVE TERMS AND CONDITIONS.

SIGNATURES

PROPERTY OWNER _____ DATE _____

MANAGEMENT CO. OFFICER _____ DATE _____

ADDITIONAL _____ DATE _____

TITLE _____

ADDITIONAL _____ DATE _____

TITLE _____

Tax exempt certificates and CFC letters must be mailed with this completed form to:
NEW ACCOUNT/PROPERTY MAINTENANCE
One CityPlace Dr. - Suite 400
St. Louis, Missouri 63141

One CityPlace Dr. - Suite 400 - St. Louis, Missouri 63141 - 888.791.4490