



14940 Thunderbird Road • Kansas City, MO 64147 • 800-968-8905

Date: _____

Company Name: _____

Type of Business: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Type of Sale: Retail _____ Wholesale _____ Contractor _____ Plumbing Co-op _____

Contact Name: _____

Mailing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Number of years in business under this name: _____ Number of years at this location: _____

Accounts Payable Contact: _____ Phone Number _____

Address _____ Fax Number _____

Email Address: _____

Name of Owner(s): _____

The undersigned certifies that he/she is an agent of the applicant, is empowered to enter into an agreement on the applicant's behalf, and warrants that all information given is true to the best of their knowledge. That the company is solvent and will immediately notify Comfort Pro Systems if it becomes insolvent, and that they have full knowledge of the financial condition of the applicant. ♦ The applicant authorizes Comfort Pro Systems to obtain written and/or oral credit reports from bank references, business references and credit reporting agencies, and authorizes Comfort Pro Systems to reinvestigate their credit status at any time. The applicant will pay all costs incurred to recover past due amounts, including reasonable attorney's fees, court costs, and collection fees. Comfort Pro Systems is bound by the laws of the state of Missouri. Our terms are 30 net, unless otherwise stated. A 1.5% service charge will be applied to the account after the 31st day. By signing below the applicant agrees to all terms and conditions of sale.

Applicant's Signature _____ Date _____

Print Name _____ Title _____

Please fill out trade references on next page.



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TRADE REFERENCES

Are you currently a customer of Sioux Chief Manufacturing ? yes no

Applicant Company Name: _____

Company: _____

Company: _____

Contact Name: _____

Contact Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Company: _____

Company: _____

Contact Name: _____

Contact Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

BANK REFERENCE

Bank: _____

Telephone: _____

Contact Name: _____

Fax: _____

Address: _____

Mail or Fax completed application to:

Comfort Pro Systems
ATTN: Blake Wilson
 14940 Thunderbird Rd.
 Kansas City, MO 64147
 Email: bwilson@comfortprosystems.com
 Fax: 877-307-2146