

THE HABEGGER CORPORATION

Application for Credit

Please print clearly and complete all information to avoid delays in processing.

BUSINESS INFORMATION

LEGAL COMPANY NAME

STREET ADDRESS

MAILING ADDRESS

CITY STATE ZIP COUNTY

OFFICE TELEPHONE # CELL # FAX #

TYPE OF BUSINESS: SOLE PROPRIETOR PARTNERSHIP CORPORATION DATE EST.

TAX EXEMPT: YES NO IF YES, EXEMPT I.D. # AND CERTIFICATE REQUIRED

FEDERAL ID (CORP) OR SOCIAL SECURITY # (SOLE PROP & PARTNERSHIPS)

PRINCIPAL(S): 1. 2.

CONTACT INFORMATION

PURCHASING CONTACT NAME: PHONE # FAX #

ACCTS PAY CONTACT NAME: PHONE # FAX #

FINANCIAL INFORMATION

NATURE OF BUSINESS: PROPERTY MANAGEMENT SERVICE RES. INSTALLATION COMMERCIAL

DO YOU REQUIRE PURCHASE ORDER NUMBERS? YES NO

CREDIT LINE REQUESTED \$ APPROX. ANNUAL SALES \$

BANK NAME BRANCH

ADDRESS CONTACT TELEPHONE #

ACCOUNT TYPE: CHECKING SAVINGS ACCOUNT #

TRADE REFERENCES

1. COMPANY NAME ADDRESS

CITY ST ZIP ACCT #

TELEPHONE # FAX # CONTACT:

2. COMPANY NAME ADDRESS

CITY ST ZIP ACCT #

TELEPHONE # FAX # CONTACT:

3. COMPANY NAME ADDRESS

CITY ST ZIP ACCT #

TELEPHONE # FAX # CONTACT:

TERMS OF SALE

1. STANDARD TERMS: 1% 10TH PROX, NET 11TH, BASED ON STATEMENT DATE. DISCOUNT MAY BE TAKEN PROVIDING PAYMENT IS RECEIVED ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING PURCHASE AND THE ACCOUNT IS CURRENT.

2. ALL PAST DUE BALANCES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH (18% ANNUAL RATE).

3. AN ACCOUNT 60 DAYS PAST DUE WILL BE PLACED ON A CASH ONLY BASIS AND WILL NOT BE REOPENED UNTIL ALL ITEMS AND SERVICE CHARGES HAVE BEEN PAID. PAST DUE ACCOUNTS ARE REQUIRED TO PAY ALL COLLECTION COSTS INCURRED BY BRYANT-HABEGGER COMPANY, INCLUDING BUT NOT LIMITED TO, COLLECTION AGENCY COSTS, REASONABLE ATTORNEYS FEES, AND COURT COSTS.

4. A RETURN CHECK CHARGE WILL BE IMPOSED AND THE ACCOUNT PLACED ON A CASH ONLY BASIS UNTIL ALL ITEMS AND SERVICE CHARGES ARE PAID.

5. IF, IN OUR JUDGMENT, WE FEEL THAT FOR OUR MUTUAL PROTECTION IT IS ADVISABLE TO EXERCISE LIEN RIGHTS, THIS SHOULD NOT BE CONSTRUED AS A DEROGATORY ACTION.

**THIS APPLICATION SHOULD BE SIGNED BY AN OWNER OR OFFICER
OF THE COMPANY, AND RETURNED TO:
THE HABEGGER CORPORATION
ATTN: BILL FINNEGAN
8219 NORTHWEST BLVD SUITE 400
INDIANAPOLIS, IN 46278
FAX: (317) 875-9399**

WE, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE TERMS OF SALE DESCRIBED ABOVE. WE CERTIFY THAT ALL INFORMATION ON THIS CREDIT APPLICATION IS TRUE AND CORRECT.

LEGAL COMPANY NAME		
SIGNATURE	TITLE	DATE
PRINTED		
SIGNATURE	TITLE	DATE
PRINTED		

OFFICE USE ONLY:

ACCOUNT #	COUNTY CODE	TAX STATUS	
SALESMAN #	TERMS	CLASS/SUB	C/L
PERSONAL GUARANTEE	FINANCIAL	D & B	OTHER

The Habegger Corporation

INDIVIDUAL PERSONAL GUARANTEE

In consideration of extensions of credit by The Habegger Corporation to _____
Business Name

I _____ hereby personally and unconditionally guarantee to The
Name
Habegger Corporation, its successors and assigns, the full and prompt payment, when due, of all present and future obligations or indebtedness of the Customer to The Habegger Corporation.

I also personally guarantee payment of all costs incurred by The Habegger Corporation by reason of the Customer, including all reasonable costs incurred by The Habegger Corporation by reason of the default of the customer, including all reasonable attorney fees.

I waive notice of acceptance of this Guarantee, and notice of any default by the Customer. I agree that The Habegger Corporation may without notice without affecting my liability under this under this guarantee, enter into transactions with the Customer, modify the terms of and arrangements between The Habegger Corporation and the Customer or grant extensions of time or credit to the Customer, or comprise, release, or assign any rights with respect to the Customer, myself, and other guarantor of the Customers obligations and/or indebtedness to The Habegger Corporation, or any collateral held by The Habegger Corporation as a security under agreements between The Habegger Corporation and the Customer.

Where there are one or more other guarantors of the Customer's indebtedness or obligations to The Habegger Corporation I agree that my liability shall be joint and several. It shall not be necessary for The Habegger Corporation, in order to enforce this Guarantee, to first proceed against the customer. Nor shall The Habegger Corporation have any obligation to perfect or protect any security interest or any rights it may have in any collateral.

This Guarantee is a continuing guarantee of payment, not of collection, and shall remain in force until revoked by me by notice in writing sent certified mail to The Habegger Corporation. However, such revocation shall be effective only as to those obligations on indebtedness of the Customer, which arise out of transactions entered into after receipt of notice of revocation by The Habegger Corporation. This guarantee is a primary and unconditional obligation and covers existing and future obligations or indebtedness of the Customer to the Habegger Corporation.

IN WITNESS WHEREOF, I have signed this Guarantee on this _____ day of _____
20____

Guarantor - Printed Name

Guarantor - Printed Name

Guarantor's Signature, Individual

Guarantor's Signature, Individual

Address

Address

City / State / Zip

City / State / Zip

Social Security Number

Social Security Number

Witness

Form ST-105
General Information and Instructions

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

Section 1 Instructions

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

Section 2 Instructions

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

Section 3 Instructions

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

Section 4 Instructions

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

Note: The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.

Form ST-105

State Form 49065 R4/ 8-05

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)

Name of Purchaser _____

Business Address _____ City _____ State _____ Zip _____

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate..... TID# (10 digits) LOC# (3 digits)

If not registered with the Indiana DOR, provide your State Tax ID Number from another State..... State ID# State of Issue
*See instructions on the reverse side if you do not have either number.

Section 2

Is this a [] blanket purchase exemption request or a [] single purchase exemption request? (check one)

Description of items to be purchased. HVAC EQUIPMENT, PARTS + SUPPLIES

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

- [] Sales to a retailer, wholesaler, or manufacturer for resale only.
[] Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
[] Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
[] Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
[] Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
[] Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
[] Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
[] Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
[] Other - explain.

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser _____ Date _____

Printed Name _____ Title _____

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.

Seller must keep this certificate on file to support exempt sales.



The Habegger Corporation
 8219 Northwest Blvd., Suite 400
 Indianapolis, IN 46278
 (PH) 317-875-9966 (FAX) 317-875-9399



Heating & Cooling Systems
 Since 1904

1. Customer Information

Name _____ Account no. _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

A legible photo copy of CERTIFICATION CARD(s) MUST be attached to this form.

2. Certified Company representative

Name	Type	Certifying Organization	I.D. #

IMPORTANT: If the person listed above leaves your company's employment, it is the responsibility of an officer or other responsible person employed by your company to update this form. This is the only copy of this form you will receive, please reproduce as necessary. An acknowledgement of receipt of this and consequential forms will not be sent.

In an effort to maintain accurate records, we are requesting that you also provide certification information for ALL technicians employed by your company. Please complete sections 3 and 4 below:

3. EPA Certified technicians

Number of EPA Certified technicians employed by your company _____

Name	Type	Certifying Organization	I.D. #

4. Nate Certified Technicians

Number of Nate Certified Technicians employed by your company _____

Name	Type	Certifying Organization	I.D. #

5. The following **MUST** be signed by an officer or other responsible person employed by your company :

I hereby certify on behalf of _____ that the information provided on this form is true and accurate.

Signature

Title/Position

Please print name legibly

Date



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PAY BY FAX!!!

Avoid paying postage and speed up the time it takes to have your payment posted to your Habegger account with our 'PAY BY FAX' program! It's quick and easy to pay by fax, simply follow the instructions below.

- 1) Prepare your check and remittance detail as you normally would.
- 2) Prepare a cover sheet for your fax that contains your authorization to deposit a check from your faxed copy. Please indicate 'FAXED CHECK FOR DEPOSIT' to state that intention.
- 3) Fax both the check and remittance detail to the attention of Bill Finnegan at (317)875-9399.
- 4) DO NOT MAIL your original check! To do so could cause duplication of your payment. A receipt will be prepared and mailed to you within 24 hours for your banking records.

That's all there is to it! If you have questions or wish to verify that your faxed check was received, feel free to call me at any time, and thanks for using *PAY BY FAX!*

Bill Finnegan

Credit Manager
(317)875-9966 ext. 2016

HABEGGER

E-Invoicing & E-Statements *Now Available*

If you would like to have your Habegger Corporation invoices delivered daily directly to your e-mail address, please complete and return this form.

Please note that all CREDIT MEMOS are subject to review and therefore are NOT included in E-Invoicing. We will continue to mail them to you.

Yes, please sign us up for Daily E-Invoicing at the following e-dress:

Not interested in E-Invoicing at this time

Yes, please sign me up for Monthly E-Statements at the following e-dress (if same as E-Invoicing, you may just indicate "same"):

Not interested in E-Statements at this time

Customer Name _____ Account # _____

Signed by: _____ Date _____

Request can not be processed unless this form is completed in its entirety, including Customer Name, Customer #, Authorized Signature and Date.

Please type or print LEGIBLY, and return to Bill Finnegan (FAX: 317-875-9399)
