



Thank you for your interest in purchasing your HVAC parts and equipment from Air Purchases, Inc./Engel HVAC Supply. We appreciate your business!

If you prefer, you may complete the following credit application online using a digital signature and email it to Donna Russo at drusso@airpurchases.com or you may print it and fax it to Donna at (781) 229-0207.

If you print it and complete it, you will still need to mail Donna your completed original to:

Donna Russo
Credit Manager
Air Purchases, Inc.
24 Blanchard Road
Burlington, MA 01803

If you have any questions, you may reach Donna at (781) 273-2050.

Credit Application — Air Purchases/Engel HVAC Supply

| | | | | | | |
|--|--|---|------------------|--|------|---|
| COMPANY NAME | | | F.I.D. # | | DATE | |
| BILL TO ADDRESS | | | SHIPPING ADDRESS | | | |
| CITY | | STATE | ZIP | CITY | | STATE ZIP |
| PHONE | | CELL | | EMAIL | | FAX |
| WE ARE IN THE BUSINESS OF: | | YEAR BUSINESS STARTED | | DO YOU REQUIRE A PO#? | | SHOULD WE SEND INVOICES VIA EMAIL OR FAX? <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX |
| BUSINESS TYPE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP | | <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC | | BUSINESS OPERATED FROM <input type="checkbox"/> HOME <input type="checkbox"/> COMMERCIAL BUILDING | | DO YOU OWN OR RENT? <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| CONTRACTOR'S LICENSE # | | STATE TAX EXEMPTION # (ATTACH CERTIFICATE IF APPLICABLE) | | REFRIGERANT CERTIFICATE? IF YES, ATTACH CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| ANNUAL SALES | | NUMBER OF EMPLOYEES | | HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, WHAT STATE? |
| PRINCIPAL OWNERS | | | | | | |
| NAME/TITLE | | SOCIAL SECURITY # | | HOME ADDRESS | | HOME PHONE |
| NAME/TITLE | | SOCIAL SECURITY # | | HOME ADDRESS | | HOME PHONE |
| BANK OR FINANCIAL INSTITUTION | | | | | | |
| NAME | | BRANCH ADDRESS | | PHONE/CONTACT NAME | | ACCOUNT # |
| NAME | | BRANCH ADDRESS | | PHONE/CONTACT NAME | | ACCOUNT # |
| TRADE REFERENCES | | | | | | |
| NAME | | ADDRESS | | PHONE | | FAX |
| NAME | | ADDRESS | | PHONE | | FAX |
| NAME | | ADDRESS | | PHONE | | FAX |
| NAME | | ADDRESS | | PHONE | | FAX |

Our terms are net 30 days. Accounts remaining unpaid 60 days after invoice date are automatically placed on COD until paid.

I/We authorize the above company to make any and all inquiries necessary, including reporting agencies for action on this credit application, as well as any periodic updates. We hereby indemnify the above company and its agents from any liability resulting from their credit survey. In return for said credit, the signatories hereto will pay or guarantee payment of all valid charges for merchandise delivered, freight charges, and applicable state and local taxes, together with all costs, including any attorney's fees incurred for the collection of any monies due, whether litigated or not, including interest at the rate of (2%) per month on any amounts which remain unpaid over 60 days from invoice date. This instrument will be governed and construed in accordance with the laws of the Commonwealth of Massachusetts and the undersigned parties acknowledge that they herein voluntarily subject themselves to personal jurisdiction of the Commonwealth of Massachusetts. Furthermore, I agree to the terms of sale, returns and warranty policy of your company.

BY: _____
SIGNATURE

BY: _____
SIGNATURE

Refrigerant Registration Certification

| | | |
|--------------|-------|--------------|
| COMPANY NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| NAME | TITLE | CERTIFICATE# |
| NAME | TITLE | CERTIFICATE# |
| NAME | TITLE | CERTIFICATE# |
| NAME | TITLE | CERTIFICATE# |
| NAME | TITLE | CERTIFICATE# |
| NAME | TITLE | CERTIFICATE# |

I _____, a certified technician, authorize the following employees (clerks/runners) to accept delivery of, or physically purchase refrigerant on my behalf.

| |
|------|
| NAME |
| NAME |
| NAME |

 SIGNATURE

 DATE

Please enclose copies of certified ID cards and send to:

Donna Russo
 Air Purchases, Inc.
 24 Blanchard Road,
 Burlington, MA, 01803
 Fax: 781-229-0207
 Email: drusso@airpurchases.com

Personal Liability Pledge

I, _____ personally and individually guarantee Air Purchases, Inc. any and all monies for any and all goods, wares or merchandise that are obtained by me under the company name of _____ or any other name directly or as a result of my request, or acting on my behalf, once the goods and/or merchandise have been picked up or delivered in my name or the name of my business.

| | | | |
|-------------------|-------|-------------|--|
| NAME | | DATE | |
| SOCIAL SECURITY # | | HOME PHONE# | |
| HOME ADDRESS | | | |
| CITY | STATE | ZIP | |
| SIGNATURE | | | |



Form ST-4 Sales Tax Resale Certificate

Name of purchaser Social Security or Federal Identification number

Address

City/Town State Zip

Type of business in which purchaser is engaged:

Type of tangible personal property or service being purchased (be as specific as possible):

Name of vendor from whom tangible personal property or services are being purchased:

Address City/Town State Zip

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

Signed under the penalties of perjury.

Signature of purchaser Title Date

Check applicable box: Single purchase certificate Blanket certificate

Notice to Vendors

1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.
2. A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.
3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.
4. The vendor must make sure that the certificate is filled out properly and signed before accepting it.
5. The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact:

**Massachusetts Department of Revenue
Customer Service Bureau
PO Box 7010
Boston, MA 02204
(617) 887-MDOR or toll-free, in-state 1-800-392-6089.**

Notice to Purchasers

1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.
2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, please complete and file Massachusetts Form TA-1, Application for Original Registration. Form TA-1 may be obtained at any DOR office or by calling (617) 887-MDOR or toll-free, in-state 1-800-392-6089.
3. This certificate must be signed by and bear the name and address of the purchaser and his/her Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.
4. If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.
5. If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.
6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.

Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.