

## Packard Credit Application Instructions

**Packard is committed to supporting and selling only to wholesale distributors or qualified manufacturers.**

Complete and submit the attached credit application ONLY IF business is a wholesale distributor or OEM/manufacturer; not a contractor or owned by a company that is a contractor or that directly provides installation and off-site repair services.

Valid sales tax exemption certificate is required—copy must be provided with completed application.

If you are a Contractor or end user, we thank you for your interest, but you will be best served through one of our wholesalers. Please see **packardonline.com** website and “**Where to Buy**” to locate an existing distributor near you.

Please provide all requested information on the application. Submitting pre-printed information is acceptable for bank information and references, but application still requires a signature. Please ensure all requested information is provided on the form if not included in the pre-printed submission.

“Type of Business” examples: HVAC/R Wholesaler, Motor Shop, Appliance Parts Wholesaler, Electrical Supply House, OEM, Plumbing, Hydronics, MRO, Exporter/Importer, etc.

What type of products are you interested in stocking or purchasing from Packard? (basic category information i.e. motors/blowers, compressors, electricals, heat exchangers, etc.)

All applications must be signed and dated

Send completed application and exemption certificate via email to:

[customerservice@packardonline.com](mailto:customerservice@packardonline.com)

Turn-around-time is dependent on timely responses. Applications will be submitted to management for final approval after banks and references respond to our inquiries. Final account decisions will be emailed to the contact email address on the application.

Customer Number:



## Credit Application Business Account

Packard, Inc.  
2700 Barrett Lakes Blvd.  
Suite 100  
Kennesaw, GA 30144  
Phone: 800-334-1769  
Fax: 770.427.5140

### BUSINESS CONTACT INFORMATION

|                                 |        |  |  |
|---------------------------------|--------|--|--|
| Contact Name:                   |        | Title:   |  |
| Company Name:                   |        | Buying Group:  |  |
| Phone:                          | Fax:   | E-mail:  |  |
| Physical Address:               |        | Website:   |  |
| City:                           | State: | Zip Code:  |  |
| Mailing Address:(If Different)  |        |  |  |
| City:                           | State: | Zip Code:  |  |
| Shipping Address:(If Different) |        |  |  |
| City:                           | State: | Zip Code:  |  |
| Type of Business:               |        | Date Business Commenced:                                   |  |
| Packard Products Needed:        |        | # of Employees:  |  |
| Purchasing Agent:               |        | Email Address:   |  |
| Payables Contact:               |        | Email Address:   |  |
| Sales Tax Exemption #:          |        | <b>Please attach a copy of the Certificate**REQUIRED**</b> |  |

### BANK INFORMATION

|                          |      |                         |  |
|--------------------------|------|-------------------------|--|
| Bank Name:               |      | Contact:                |  |
| Phone:                   | Fax: | Email:                  |  |
| Checking Account Number: |      | Savings Account Number: |  |

### BUSINESS/TRADE REFERENCES

|                  |        |           |  |
|------------------|--------|-----------|--|
| Company Name:    |        |           |  |
| Address:         |        |           |  |
| City:            | State: | Zip Code: |  |
| Phone:           | Fax:   | E-mail:   |  |
| Type of Account: |        |           |  |
| Company Name:    |        |           |  |
| Address:         |        |           |  |
| City:            | State: | Zip Code: |  |
| Phone:           | Fax:   | E-mail:   |  |
| Type of Account: |        |           |  |
| Company Name:    |        |           |  |
| Address:         |        |           |  |
| City:            | State: | Zip Code: |  |
| Phone:           | Fax:   | E-mail:   |  |
| Type of Account: |        |           |  |

### AGREEMENT

By signing this application, I/we agree to pay for all goods purchased within the given NET 30 DAY terms on each invoice. Packard is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit. Service charges at the highest rate permitted by state law will be applied to past due account. I/we confirm that the applicant business nor any affiliate business of the applicant is not a retailer, end user or performs contractor services.

### SIGNATURES \*REQUIRED\*\*

|                 |                 |
|-----------------|-----------------|
| Title:<br>Date: | Title:<br>Date: |
|-----------------|-----------------|