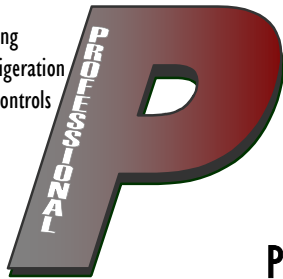


Heating & Air Conditioning
 Refrigeration
 DDC Controls
 Energy Management



PROFESSIONAL HEATING AND COOLING, INC.

CREDIT APPLICATION

Ship to Address: _____
 Billing Address: _____
 Telephone Number: _____ Fax: _____
 Tax ID # _____ () Corporation – Date of Incorporation: _____

NAMES OF COMPANY OFFICERS/OWNERS:

<u>NAMES</u>	<u>TITLES</u>

Accounts Payable Contact: _____ Phone: _____ Email: _____

P.O.#'S ARE REQUIRED ON EVERY PURCHASE

DUNN & BRADSTREET: _____

BANK REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>FAX</u>	<u>ACCT. #</u>

SUPPLIERS REFERENCES

<u>NAME/ACCT#</u>	<u>ADDRESS</u>	<u>PHONE#</u>	<u>FAX#</u>	<u>CONTACT</u>

All Sales Terms Net 30 Days

The undersigned hereby certifies that the foregoing statement is a true and correct statement of the financial conditions and that it is submitted for the purpose of procuring credit.

SIGN: _____ **DATE:** _____
Name & Title