

**marcone | SUPPLY**  
**Appliance, Cooling & Property**

Fax: 888.832.4948 • Phone: 888.791.4490

Please Type Or Print Clearly  
**\*Incomplete Forms Cannot Be Processed\***  
All Fields Must Be Filled In

**PROPERTY MAINTENANCE CREDIT APPLICATION**

**PROPERTY LOCATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

APT. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURCHASING CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

For correct billing and shipping each property must have a credit application completed or a seperate list with all location details.

**PROPERTY TYPE**

**MULTI-HOUSING:**

- APARTMENT       HOTEL/MOTEL       CONDO/OWNER ASSOC  
 HOUSING AUTHORITY     MILITARY CONTRACTOR

**INSTITUTION:**

- HEALTHCARE       SCHOOL       RELIGION/CHARITY       GOVERNMENT       MILITARY

**COMMERCIAL:**

- OFFICE BLDG.       SHOPPING CTR       MFG FACILITY       MAINTENANCE/REHAB     OTHER

**PROPERTY OWNERSHIP**

SS#/FEDERAL ID# \_\_\_\_\_

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

- CHECK ONE:  SOLE PROPRIETORSHIP     LIMITED PARTNERSHIP     CORPORATE     LIMITED LIABILITY CO.  
 PARTNERSHIP      STATE \_\_\_\_\_      STATE \_\_\_\_\_      STATE \_\_\_\_\_

**FEE MANAGED**

MANAGEMENT COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

- CHECK ONE:  SOLE PROPRIETORSHIP     LIMITED PARTNERSHIP     CORPORATE     LIMITED LIABILITY CO.  
 PARTNERSHIP      STATE \_\_\_\_\_      STATE \_\_\_\_\_      STATE \_\_\_\_\_

**BILLING INFORMATION**

**MAIL INVOICE TO:**

- PROPERTY       OWNER       MANAGEMENT CO.       OTHER \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

- PROPERTY       OWNER       MANAGEMENT CO.       OTHER \_\_\_\_\_

AMOUNT OF CREDIT DESIRED \_\_\_\_\_

ANY SPECIAL INSTRUCTIONS \_\_\_\_\_

TAX EXEMPT # (CERTIFICATE REQUIRED) \_\_\_\_\_ DO YOU ACCEPT BACKORDERS? \_\_\_\_\_

P.O. NUMBER REQUIRED? \_\_\_\_\_ NUMBER OF UNITS AT PROPERTY? \_\_\_\_\_

TYPE OF ACCOUNT YOU ARE APPLYING FOR:

OPEN ACCOUNT  DISCOVER  MASTERCARD  VISA  AMEX EXPIRATION DATE \_\_\_\_\_

CARD HOLDER \_\_\_\_\_ ACCT. NUMBER \_\_\_\_\_

**BANK REFERENCE**

BANK NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT. NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

**TRADE REFERENCE**

SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT. NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

**TRADE REFERENCE**

SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT. NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

THE UNDERSIGNED AUTHORIZES ANY BANK OR TRADE ACCOUNT TO RELEASE ALL INFORMATION TO MARCONE SUPPLY FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION TO ESTABLISH AN ACCOUNT AND GRANTS PERMISSION TO MARCONE SUPPLY TO OBTAIN A CREDIT REPORT FROM ANY CREDIT REPORTING AGENCY.

**PAYMENT TERMS**

TERMS OF SALE ARE NET 10 EOM. A SERVICE CHARGE OF 1.5% PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ALL BALANCES OVER 30 DAYS PAST DUE. IF THE ACCOUNT MUST BE REFERRED FOR COLLECTION THE UNDERSIGNED AGREES TO PAY ALL COSTS INCLUDING BUT NOT LIMITED TO COLLECTION FEES AND ATTORNEY FEES.

**PERSONAL GUARANTEE**

THE UNDERSIGNED IN CONSIDERATION FOR THE EXTENSION OF CREDIT TO SAID APPLICANT HEREBY AGREES TO THE ABOVE TERMS AND CONDITIONS AND AGREES TO ASSUME PERSONAL LIABILITY AND RESPONSIBILITY FOR PAYMENT OF THE COMPANY'S ACCOUNT AND GUARANTEES PAYMENT OF ANY MONEYS TO BECOME DUE ACCORDING TO THE ABOVE TERMS AND CONDITIONS.

**SIGNATURES**

PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

MANAGEMENT CO. OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

ADDITIONAL \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

Tax exempt certificates and CFC letters must be mailed with this completed form to:  
NEW ACCOUNT/PROPERTY MAINTENANCE  
One CityPlace Dr. - Suite 400  
St. Louis, Missouri 63141

One CityPlace Dr. - Suite 400 - St. Louis, Missouri 63141 - 888.791.4490