

BOARD OF PUBLIC WORKS AND SAFETY
Agenda Request Form

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	07-25-16	Meeting Date:	08-01-16
Contact Information:			
Requested by:	Jayne Rhoades, Clerk-Treasurer		
On Behalf of Organization or Individual:			
Telephone:	317-736-3609		
Email address:	jrhoades@franklin.in.gov		
Mailing Address:	70 E Monroe St, Franklin, IN 46131		
Describe Request:			
Credit Applications for Duncan Supply Company, The Habegger Corporation, & Johnstone Supply so the Facility Supervisor can purchase HVAC supplies.			
List Supporting Documentation Provided:			
Duncan Supply Company Credit Application			
The Habegger Corporation Credit Application			
Johnstone Supply Credit Application			
Who will present the request?			
Name:	Jayne Rhoades, Clerk-Treasurer	Telephone:	317-736-3609

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.



Supply Company, Inc.

910 NORTH ILLINOIS STREET
INDIANAPOLIS, INDIANA 46204

APPLICATION FOR CREDIT

DATE _____

FIRM NAME _____
 MAILING ADDRESS, _____
 CITY, STATE, & ZIP _____
 SHIPPING ADDRESS _____
 PHONE _____ DUNS NUMBER _____
 FAX NUMBER _____ MOBILE PHONE _____
 E-MAIL ADDRESS _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETERSHIP _____

If incorporated, State and year incorporated _____
 If a subsidiary, name of parent company _____
 Address _____ City, State _____
 Federal I.D. Number _____
 If Branch or Division, location of Home Office _____

Principal owners or stockholders, (list all)

Name and title	Address	Home Phone
1. _____	_____	_____
Social Security Number _____	_____	_____
2. _____	_____	_____
Social Security Number _____	_____	_____
3. _____	_____	_____
Social Security Number _____	_____	_____
4. _____	_____	_____
Social Security Number _____	_____	_____

If business is individually owned, spouse's name _____
 Person to contact regarding Accounts Payable _____

Has applicant filed bankruptcy within the previous ten years? _____

Approximate credit line desired _____
 How long in business under this name? _____ At this address _____
 Former business name and address _____

Business Bank Name _____ Branch _____
 Checking account number _____
 Loan Account Number _____ Secured _____ Unsecured _____

Are Purchase orders required _____

Principal Suppliers

Name	Address	Phone
Account # _____	_____	Fax # _____
Account # _____	_____	Fax # _____
Account # _____	_____	Fax # _____
Account # _____	_____	Fax # _____

Have you given any of the above a personal guaranty?
 If so, to whom? _____

Type of business: Refrigeration A/C Heating
 Other _____

Are you CFC Certified YES If so attach copy of certificate.

TERMS AND CONDITIONS

It is agreed that the buyer will pay all invoices in accordance with the stated terms (Net 30 Days) and interest will be assessed on all delinquent invoices at the rate of 1.5% per month (18% per annum) together with any court costs, attorney fees of not less than 25% of the unpaid amount of principal and interest, all other cost of collections which the seller may incur in enforcing the terms of this agreement, all without relief from valuation and appraisal laws. If legal action becomes necessary by either the seller or buyer, it is also agreed that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect and all other respects by the laws of the State of Indiana.

The buyer further grants to the seller a security interest in buyers equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyers performance of all obligations. The buyer further authorizes the seller to file a financing statement without buyer's signature.

Buyers Signature _____ Date _____
 Title _____

UNCONDITIONAL GUARANTY

I, _____, residing at _____
 _____ for and in consideration of your extending credit at my request to _____ (herinafter referred to as the "Company"), of which I am _____, hereby personally guarantee to you the pay at DUNCAN SUPPLY COMPANY, INC. in the state of Indiana of any obligation, present or future, of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____
 Date _____



JOHNSTONE SUPPLY

www.johnstonesupply.com

APPLICATION FOR OPEN CREDIT ACCOUNT

Send Application to:

Johnstone Supply
1640 East Kemper Road
Cincinnati, OH 45246
Fax: 513-772-4355

Business Name _____

Billing Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ Email _____

Shipping Address (if different than Billing Address) _____

City _____ State _____ Zip _____ County _____

Business Classification: Incorporation Partnership Proprietorship Government LLC LLP

Date Established _____ Federal ID# _____ No. of employees _____

If incorporated: Date of Incorporation _____ State of Incorporation _____

PRINCIPAL OWNERS, OFFICERS AND PARTNERS (Attach separate sheet if necessary.)

Name _____ Title _____ Phone# _____

Address _____ City _____ State _____ Zip _____ Social Security # _____

Name _____ Title _____ Phone# _____

Address _____ City _____ State _____ Zip _____ Social Security # _____

BANK REFERENCES

SAVINGS Name _____ Acct# _____ Phone _____

CHECKING Address _____ City/State _____ Zip _____

LOAN Address _____ City/State _____ Zip _____

SAVINGS Name _____ Acct# _____ Phone _____

CHECKING Address _____ City/State _____ Zip _____

LOAN Address _____ City/State _____ Zip _____

COMMERCIAL TRADE REFERENCES:

Give ONLY names of those you buy from on OPEN ACCOUNT. References WILL NOT be considered valid unless FULL NAMES and ADDRESSES are included. Please list a minimum of three.

Name Address City State Zip Phone Fax Acct#

1. _____

2. _____

3. _____

4. _____

Sales Tax Exemption # _____

PLEASE ATTACH PROPER STATE SALES TAX EXEMPTION CERTIFICATE

Authorized Buyers _____

Amount of Credit Desired Monthly \$ _____

Purchase Order required? YES NO

Statement required? FAX E-MAIL

Johnstone Supply provides an original invoice at point of sale.

Do you require a duplicate invoice? FAX E-MAIL

We herein make application to Johnstone Supply for credit and/or to update and reconfirm our existing account and balance with Johnstone Supply. Johnstone Supply is authorized to contact any references or banks listed above and pull credit reports. If credit is granted, I (we) agree to pay for all goods purchased in accordance with Johnstone Supply's standard terms of net 30 days. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in the state and county of Johnstone Supply's choice. Applicant specifically understands that they are waiving their right in choice of venue. Applicant agrees to pay interest and service charges at the highest rate permitted by law. Applicant(s) give their permission to Johnstone Supply and/or its agents to verify and/or supplement the information listed hereon.

Dated _____ Principal Owner/
Officer/Partner _____ Title _____

Please Complete Business Classification and/ or Individual Personal Guarantee on reverse side.

APPROVED REFUSED ACCOUNT # _____ FOR JOHNSTONE USE ONLY CREDIT LIMIT _____ D&B _____

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