



IRR SUPPLY CENTERS, INC.

Central Office
908 Niagara Falls Blvd.
No. Tonawanda, NY 14120
(716) 692-1600

Eastern Regional Office
59 Chenango Bridge Road
Binghamton, NY 13901
(607) 772-8800

L.A. Hazard Division
1695 Overhead Road
Derby, NY 14047
(716) 627-2364

PLUMBING, HEATING, COOLING, ELECTRICAL AND REFRIGERATION DISTRIBUTORS
"Over 100 Years of Service"

APPLICATION FOR CREDIT

THE INFORMATION REQUESTED ON THIS FILE IS FOR THE PURPOSE OF OBTAINING CREDIT ACCOUNT PRIVILEGES FROM IRR SUPPLY CENTERS, INC., INCLUDING ITS JORDAN SUPPLY COMPANY, NORTHRUP SUPPLY COMPANY, AND L. A. HAZARD DIVISIONS ("IRR"). APPLICANT AND ANY GUARANTORS FOR THEMSELVES AND THEIR OFFICERS AND/OR MEMBERS AUTHORIZE IRR TO CONDUCT ANY INVESTIGATIONS DEEMED NECESSARY TO AUTHORIZE OPENING OR CONTINUATION OF THE ACCOUNT INCLUDING CREDIT INVESTIGATIONS OF THE APPLICANT, GUARANTORS, OFFICERS AND/OR MEMBERS OR PARTNERS OF THE APPLICANT.

PLEASE PRINT _____ DATE _____
COMPANY NAME _____ (hereafter "APPLICANT")
STREET ADDRESS _____ COUNTY _____
CITY _____ STATE _____ ZIP _____
BILLING ADDRESS IF DIFFERENT _____
PHONE # _____ CONTACT PERSON _____
FAX # _____ ACCOUNTS PAYABLE CONTACT _____
CELL PHONE # _____ E-MAIL _____
TYPE OF OWNERSHIP - PLEASE CHECK ONE: _____ Corporation _____ Partnership
_____ Sole Proprietorship _____ Limited Liability Co. (LLC)

APPLICANTS: Owners/Officers/Members or Partners' Names, Addresses, Phone #(s) and Social Security #(s):

_____ () _____ SS# _____
_____ () _____ SS# _____

IF TAX EXEMPT, PLEASE SUBMIT FULLY COMPLETED APPROPRIATE TAX FORM SOCIAL SECURITY # OR FEDERAL TAX ID# _____
AMOUNT OF CREDIT DESIRED _____ ARE PO #'S REQUIRED? _____
TYPE OF BUSINESS _____ DATE STARTED _____
CURRENT LICENSE # _____ TYPE _____
ESTIMATED ANNUAL SALES _____ NO. OF EMPLOYEES: Office _____ Shop _____

BANK _____ ADDRESS _____
ACCT # _____ TYPE OF ACCOUNT _____
ACCOUNTANT _____

PROPERTY OWNED	VALUE	AMT OWED	MORTGAGEE
Home _____			
Business _____			

IF APPLICANT RENTS BUSINESS LOCATION, IDENTIFY LANDLORD:

TRADE REFERENCES/Suppliers with whom you have established credit. Please indicate: Addresses with Zip Codes, Phone #'s and Fax #s.

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
PHONE (____) _____	PHONE (____) _____	PHONE (____) _____
FAX (____) _____	FAX (____) _____	FAX (____) _____
E-MAIL _____	E-MAIL _____	E-MAIL _____

ATTACH YOUR LATEST FINANCIAL STATEMENT. IF ONE IS NOT AVAILABLE, PLEASE COMPLETE THE FOLLOWING:

ASSETS	LIABILITIES/NET WORTH
Cash in bank _____	Loans Payable _____
Accts Receivable _____	Accts Payable _____
Land, Bldgs. _____	Other Liabilities _____
Equipment _____	Net Worth _____

The information provided on this application is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize IRR to investigate the information and sources provided in order to verify my/our credit and financial responsibility.

GUARANTY AND INDEMNITY AGREEMENT

In consideration of the sale of merchandise by IRR to the applicant the undersigned hereby unconditionally guarantees to IRR the payment of any existing or future indebtedness which the APPLICANT owes to IRR in any manner whatsoever without limitation as to amount (the "Debt"). This guaranty shall be a continuing guaranty independent of and in addition to any other security, collateral or guaranty held by IRR and shall not be impaired by any neglect, failure or omission to realize upon any security or guaranty or by the release of all or any portion of such security or guaranty or by any extension of credit in excess of the initial credit limit or by renewal, modification, compromise or discharge of the Debt or any part thereof with any party obligated on this Debt. The liability of the undersigned shall be direct, immediate and absolute and not be conditional or contingent upon the pursuit or prosecution by IRR of any other remedy or remedies whatsoever, and IRR shall have against the undersigned any and all rights and remedies it might have against the APPLICANT. The undersigned consents to IRR obtaining a consumer credit report on undersigned for the purpose of evaluating the creditworthiness of APPLICANT in connection with an application for business credit. Facsimile signature shall be as binding as an original signature. The venue for any disputes between the parties must be Erie or Niagara County New York.

Dated this _____ day of _____, 20 _____

Signature of Guarantor(s):

1. _____	SS# _____
Signature _____	
Print Name _____	
2. _____	SS# _____
Signature _____	
Print Name _____	
3. _____	SS# _____
Signature _____	
Print Name _____	

Witness: _____

Have you had any past dealings with IRR / Northrup / Jordan Supply / L.A. Hazard? Please describe.

When? _____ Where? _____
 Details _____

THIS IS TO CERTIFY THAT APPLICANT IS FINANCIALLY ABLE TO MEET ANY COMMITMENTS MADE HEREIN AND TO PAY YOUR INVOICES ACCORDING TO TERMS. APPLICANT AGREES TO PAY A SERVICE CHARGE OF 2% PER MONTH ON ALL PAST DUE BALANCES. APPLICANT ALSO AGREES TO PAY ALL COST OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEE, (25% OF BALANCE DUE) SHOULD THE ACCOUNT BE REFERRED FOR COLLECTION. PERSON(S) EXECUTING THIS APPLICATION WARRANT THAT THEY ARE AUTHORIZED BY THE APPLICANT TO EXECUTE THE APPLICATION ON ITS BEHALF. THE UNDERSIGNED CONSENTS TO IRR OBTAINING A CONSUMER CREDIT REPORT ON UNDERSIGNED FOR THE PURPOSE OF EVALUATING THE CREDITWORTHINESS OF APPLICANT IN CONNECTION WITH AN APPLICATION FOR BUSINESS CREDIT. FACSIMILE SIGNATURE SHALL BE AS BINDING AS AN ORIGINAL SIGNATURE. THE VENUE FOR ANY DISPUTES BETWEEN THE PARTIES MUST BE ERIE OR NIAGARA COUNTY NEW YORK.

Signed _____ Title _____ Date _____

Please return completed application to the branch of IRR Supply where your account is to be maintained.

*** ONLY SIGNED APPLICATIONS WILL BE ACCEPTED ***

To be completed by IRR: Branch _____ Salesman _____ Manager's Approval _____