



NEW CUSTOMER FORM

LEGAL BUSINESS NAME _____
(AS LISTED UNDER THE GEORGIA SECRETARY OF STATE CORPORATIONS DIVISION - <https://ecorp.sos.ga.gov/BusinessSearch>)

CONTROL NUMBER _____

BILL TO _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

A/P CONTACT _____ TELEPHONE _____

A/P CONTACT E-MAIL ADDRESS _____

SITE NAME (IF DIFFERENT) _____

SITE STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

SITE CONTACT NAME _____ TELEPHONE _____

****IF MORE THAN ONE SITE LOCATION PLEASE ATTACH LIST****

BUSINESS FEDERAL TAX IDENTIFICATION NUMBER: _____

LEGAL FORM OF BUSINESS ___ CORP ___ PARTNERSHIP ___ PROPRIETORSHIP

TERMS: Payment terms are NET thirty (30) days from date of invoice. A late fee of 1.5% will be charged on unpaid balance. Galgon HVAC shall be entitled to any and all costs associated with the collection of unpaid invoices, including but not limited to attorney fees, collection fees, court costs, and Galgon HVAC expenses. Galgon HVAC reserves the right to discontinue any and all work at any time should payments not be made as agreed.

JURISDICTION AND VENUE: By applying for and receiving credit from seller, purchaser subjects itself to the jurisdiction of the state of Georgia and agrees that venue, for all purposes hereunder, shall lie in Fulton County, Georgia.

PLEASE ATTACH RELEVANT CREDIT REFERENCE INFORMATION

CUSTOMER/AUTHORIZED SIGNATURE / PRINT _____ TITLE _____ DATE _____

GALGON HVAC & MECHANICAL SERVICE, INC. - AUTHORIZATION BELOW

MICHELE NOBLE _____ VP of FINANCE _____ DATE _____