



Apartment Application

P.O. Box 301290 Dallas, TX 75303
281-530-2859 / 281-776-1969 Fax
applications@centuryac.com

Sales Rep: _____

Name of Property: _____

Property Management Co (PMC): _____ Date PMC Acquired Property _____

Property Mailing Address:

Property Physical Address:

Prop Manager Name: _____

Prop Supervisor Name: _____

Prop Phone #: _____

Prop Supervisor #: _____

Prop Fax #: _____

Prop Supervisor Email: _____

Prop Email: _____

AP Email: _____

Owner(s) Name: _____

Other Properties Owned and Phone #: _____

Date Owner Acquired Prop: _____

Owner Phone #: _____

Owner Email: _____

Trade References: Please list a minimum of three.

Name	Address	Phone	Account#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please attach a copy of: EPA Certification TDL Certification of Tax Exemption

Terms and Conditions of Credit: The undersigned is an authorized agent of owner/property and applies by application for credit with Century HVAC Distributing, L.P. (hereinafter called "Century"), and authorizes inquiry as to credit information for owner/property and now requests an account for such owner/property with Century to be opened and serviced by Century. Additionally, owner/property guarantees to Century the full and timely payment of invoices, Net 30 Days from invoice date. Owner/property will continue to be financially responsible for all indebtedness unless written notice is timely provided to Century, at which time future invoices will be the responsibility of new owner or Management company.

Print Name and Title

Date

Authorized Representative Signature