



Government Reseller Application

Please complete all fields, sign and fax to (301-662-5487)

INTERNAL USE ONLY

Reseller Number: _____

Credit Limit: _____ Dun & Bradstreet Rating : _____

Approval Date: _____ CFO Approval: _____

Credit Information

Business/Firm Name: _____

DBA: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Fax #: (____) _____ E-Mail: _____

Contact: _____ Year Established: _____

DUN & BRADSTREET #: ____ - ____ - ____ Corporation ____ Partnership ____ Sole Proprietorship ____

NAMES & TITLES OF PRINCIPLES / OFFICERS:

1) _____ Title: _____

2) _____ Title: _____

3) _____ Title: _____

ACCOUNTS PAYABLE CONTACT:

Name: _____ Title: _____

Phone #: (____) _____ Fax #: (____) _____ E-Mail: _____



TRADE REFERENCES: (List three vendors from whom you have purchased in amounts equal to this order)

Name: _____ Address: _____

Phone #: (____) _____ Fax #: (____) _____ E-Mail: _____

Name: _____ Address: _____

Phone #: (____) _____ Fax #: (____) _____ E-Mail: _____

Name: _____ Address: _____

Phone #: (____) _____ Fax #: (____) _____ E-Mail: _____

BANK REFERENCE:

Bank Name: _____ Account #: _____

Address: _____

Contact: _____ Bank Officer: _____

Phone #: (____) _____ Fax #: (____) _____ E-Mail: _____

Applicant accepts and agrees to the following payment terms:

Credit terms are 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest.

The undersigned authorizes and releases STULZ, all banks, persons, and companies listed on this application to furnish information for credit review.

The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Name: _____ Title: _____

Signature: _____ Date: _____

SALES TAX EXEMPTION:

Resale Certificate attached

Exempt Certificate attached

Not sales tax exempt



Reseller Information

Legal Name of Company _____

Address _____

Sales POC _____ Email _____ Phone _____

Marketing POC _____ Email _____ Phone _____

Accounting POC _____ Email _____ Phone _____

Years in business _____ Total number of employees _____ Number of locations _____

GSA Schedule # _____ Contract(s) type and # _____

Business size & set-aside _____

Primary NAICS Code _____ Alternate NAICS Code(s) _____

Do you have a common parent company? Yes No If yes, please explain _____

Please summarize your core capabilities _____

Past Performance - Key Project History & Scope of Work

Data Center experience



Precision Cooling and HVAC experience. Other related experience (Critical Power, etc.)

Federal & SLED customers list agencies & locations

Key manufacturing partners

Preferred Installation contractors and design partners

Do you currently have a relationship with your local STULZ Rep.? Yes No

What do you know about STULZ? _____



Have you ever had an opportunity to work with STULZ products? Yes No

Please return this application via email or fax to:

Bruce Isaacson
Government Business Manager
STULZ Air Technology Systems
bisaacson@stulz-ats.com
Fax: 301-662-5487
Direct: 240-529-1223

INTERNAL USE ONLY

Reseller Type: _____

LOS: _____ GBM Approval: _____ Approval Date: _____

Confidential