



Welcome to YMGI!

We are excited about the opportunity to work with you to sell YMGI products. Here at YMGI, we are fully committed to providing an excellent experience for you, the contractor, and the homeowner.

Please provide the information in the application below and let's get selling!

- Customer Application in full
- 3 business references
- Bank references
- State Resale Tax Certificate and naming YMGI where applicable
- Commercial or Business License
- Most recent Financial Statements, if Credit request over \$25k
 - Audited by External Firm (preferred)
 - If not, internally prepared and signed by the Owner
- Owner's or Authorized Individual's Driver License (if providing personal guarantee)

For your records:

Remit Address

YMGI Group

Attn: Accounts Receivable [Payments]

601 Arrow Lane

O'Fallon, MO 63366

Order-Related Inquires / Parts & Units [POs/Availability/Pricing/RGA]

E: customerservice@ymgigroup.com | T: 855.452.0005

Tech Support & Warranty

E: techsp@ymgigroup.com | T: 855.452.0005



Date:			
Business Name:			
Federal ID #:			
Additional DBA			
Main Contact		Customer Service / Purchasing	
Name(s):		Name(s):	
Phone #:		Phone #:	
Email:		Email:	
Accounts Payable / Other		Tech Support	
Name(s):		Name(s):	
Phone #:		Phone #:	
Email:		Email:	
Officers:			
Business Type		<small>(check all that apply)</small>	
Independent Wholesale Distributor	<input type="checkbox"/>		
Sub-Distributor	<input type="checkbox"/>		
Online Reseller	<input type="checkbox"/>		
Other	<input type="checkbox"/>	(please specify)	
Geographic Sales Coverage:			
Products/Interests		<small>(check all that apply)</small>	
Ductless Systems	<input type="checkbox"/>	Accessories	<input type="checkbox"/>
ETAC/PTAC	<input type="checkbox"/>	Parts	<input type="checkbox"/>
VRF	<input type="checkbox"/>	Supplies	<input type="checkbox"/>
Other	<input type="checkbox"/>	please specify	
Notes:			
INTERNAL USE ONLY			
Region:		Rep:	
Terms:		Salesperson:	
Level:			
Notes:			



CREDIT APPLICATION

Business Name:			
Business Telephone:			
Email:			
Billing Address:			
City:		State:	
Zip Code:		County:	

Business Operates as: (check one)

Corporation	<input type="checkbox"/>	
Partnership	<input type="checkbox"/>	
Sole Proprietorship	<input type="checkbox"/>	

Date Established:

Send Invoices & Statements by: (check all that apply)

Email Mail

PRINCIPAL OWNERS & OFFICERS

Name:		Title:	
Social Sec. #		Date of Birth:	
Home Address:		City:	
State:		Zip Code:	
Email:		Alt. Phone:	
Name:		Title:	
Social Sec. #		Date of Birth:	
Home Address:		City:	
State:		Zip Code:	
Email:		Alt. Phone:	

Have you ever had business dealings with YMGI? Yes No

If so, when and where?

Financial Information: Please attach a copy of your current financial statement.

Are you tax exempt? Yes No

Please Attach Certificate of Resale or Sales Tax must be charged.



BUSINESS REFERENCES
(Please provide 3):

	NAME	ADDRESS	ACCOUNT #	TEL #
1				
2				
3				

BANK REFERENCE

Name of Bank:		Checking Account #:	
Address:		Savings Account #:	
City:		State:	
		Zip Code:	
Name of your bank contact:		Telephone:	
Credit line Requested: \$			

PERMISSION

The applicant hereby grants YMGI Group permission to obtain from any sources any information related to applicant's credit standings.

SIGNATURE	NAME

Please complete form in full, print, sign, and return to your YMGI Group Sales Representative.