



Thank you for your interest in the Carrier Priority Card program. Enclosed is a checklist to help guide you through the application. If you should have any questions, please contact our underwriting team at plpapplications@multiservice.com

This document is split into the following sections:

- **Carrier Priority Card Credit Application Description of Terms**
 - This document will assist you in collecting and submitting necessary information required for filling out the Credit Application and Required Account Setup Details described below.
- **Credit Application**
 - Please send the completed application to plpapplications@multiservice.com for immediate credit review or fax to 888-343-0375.
- **Required Account Setup Details**
 - Fleet Announcement Approval
 - Purchase Policies
 - Additional Location Template

For your information, below is a list of the steps Multi Service will take once your application is received.

1. Review of application for credit approval.
2. Account setup - underwriting and/or customer service may contact you to clarify information based on your application.
3. Program website training - usually conducted via webinar; Multi Service will contact you to schedule.
4. Delivery of welcome packet (includes cards and account numbers).

Carrier Priority Card Application Description of Terms

Below are term descriptions that may assist you in completing your application.

Pages 4-6 of Credit Application

- ✓ **Company Legal Name**
A Legal Name of Business is the name used on IRS tax forms, such as a W9, and is required for tax purposes. Multi Service verifies business names through the Secretary of State's web portal. If the information is incorrect on the application, a corrected company name will be requested.
- ✓ **DBA**
If you are doing business under any other name, please include that information here.
- Legal Physical Address**
✓ The exact physical address helps Multi Service to ensure that we are underwriting the correct company and not one with a similar name. Please do not provide a P.O. Box here.
- ✓ **Contact Name**
Name of the person Multi Service will contact if additional details regarding the application are needed.
- ✓ **Corporate Office or Headquarters (HQ) Information**
If you are or have a corporate office or HQ that needs to view your account activity and is already part of the program, please provide their Carrier Priority Card customer number and name so we can create the account relationship in our system.
- ✓ **Expected Monthly Spend OR Requested Credit Line**
The estimates you provide here will assist our Underwriting department in assigning a line of credit for your account.
- ✓ **Contact Information**
Please provide at a minimum a billing contact (this is typically an accounts payable contact), a primary contact, and a secondary contact.
- ✓ **Billing Preferences**
Select how frequently you would like to be billed.
Do you have multiple locations?
 - If yes, please indicate if all locations are paid by the corporate office/HQ.
 - If yes, indicate if individual locations should receive a copy of the bill.
 - If no, then each location will receive and pay their bills individually.
- ✓ **Preferred Payment Method**
Select your preferred method of payment.
NOTE: Electronic payments (Direct Debit) may enable Multi Service to extend you a larger credit line.
- ✓ **Bank Information**
This information is required if you choose Wire or Direct Debit as your preferred method of payment.
NOTE: If selecting EFT or Direct Debit as your preferred payment method, please provide a copy of a voided check so we can accurately set up your banking information in our system.

Pages 7-9

- ✓ **Announcement Approval**
This will allow Carrier to announce to participating dealers that you are now participating in the program.
- ✓ **Purchase Policies**
Select the type of information you require to be provided in order for a purchase to be made and other purchase restrictions you would like to enforce on your account.
- ✓ **Additional Customer Locations**
If you are a corporate office or HQ and you have other locations for which you pay the invoices AND you wish for the locations to be listed individually, complete this form to initiate their setup.
NOTE: All additional customer locations that are linked to the corporate office or HQ account can be viewed by the corporate office or HQ account.

Pages 10-12 (Accountholder Agreement)

- ✓ **Officer / Authorized Signature**
For your protection, Multi Service will verify that your application has been signed by an officer or authorized signer for your company.

Questions

Should you have any questions filling out this section of the application please contact the support team at 1-866-762-3227 or prioritysupport@carrierprioritycard.com.



Customer Application Form

(PLEASE PRINT OR TYPE)

CUSTOMER INFORMATION *Required*		
Company Legal Name: (As displayed on income tax return)		
DBA:		
Legal Physical Address (no P.O. box):		
City:	State:	Zip Code:
Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada		
Preferred Currency: ¹ <input type="checkbox"/> US Dollar <input type="checkbox"/> Canadian Dollar		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French		
Business Type:		
<input type="checkbox"/> Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Private School <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Education <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
Contact Name:		Contact Phone Number: () - ext.
Who introduced you to the program? (Please provide person's name and/or name of dealership)		

CORPORATE OFFICE or HEADQUARTERS (HQ) INFORMATION	
Is the above location a Corporate Office or HQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, do you have branches or additional locations that need to be listed? ² <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, is there a Corporate Office or HQ with a current Carrier Priority Card Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Office or HQ Carrier Priority ID (If known):	Corporate Office or HQ Name:

CREDIT INFORMATION *Required*		
Expected Monthly Spend: \$	OR	Requested Credit Line: \$

Fleet Size *Required*	
Total Trucks in Fleet: _____	Total Trailers in Fleet: _____

¹ Currency type cannot be changed once your account is created. To change currencies, you must close your current account and apply for a new one.

² If satellite or additional locations are required, please use the Additional Location list located below. Otherwise, the Carrier Priority Card Processing Center will contact you for location details.

BILLING CONTACT *Required*	
Contact Name:	Address:
Job Title:	
Phone Number: () - ext.	City:
Cell Number: () -	State:
Fax Number: () -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery: <input type="checkbox"/> Fax <input type="checkbox"/> Email	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No
Format (for e-mailed bills): <input type="checkbox"/> PDF <input type="checkbox"/> CSV	Include invoice likenesses with billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY CONTACT *Required*	
Contact Name:	Address:
Job Title:	
Phone Number: () - ext.	City:
Cell Number: () -	State:
Fax Number: () -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No
Format (for e-mailed bills): <input type="checkbox"/> PDF <input type="checkbox"/> CSV	Include invoice likenesses with billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No

PURCHASING CONTACT *Required*	
Contact Name:	Address:
Job Title:	
Phone Number: () - ext.	City:
Cell Number: () -	State:
Fax Number: () -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No
Format (for e-mailed bills): <input type="checkbox"/> PDF <input type="checkbox"/> CSV	Include invoice likenesses with billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL CONTACT (optional)	
Contact Name:	Address:
Job Title:	
Phone Number: () - ext.	City:
Cell Number: () -	State:
Fax Number: () -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No
Format (for e-mailed bills): <input type="checkbox"/> PDF <input type="checkbox"/> CSV	Include invoice likenesses with billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No

BILLING PREFERENCES *Required*	
Preferred Billing Cycle:	<input type="checkbox"/> Daily <input type="checkbox"/> Twice Monthly (5 th and 20 th of each month)
Participate in Centralized Billing (Billing paid by Corporate Office or HQ account)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES AND you have additional locations (per page 4 above), should the locations receive bill copies as well?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Payment Method:	<input type="checkbox"/> Wire <input type="checkbox"/> EFT (Customer initiated) <input type="checkbox"/> Direct Debit ³

BANK INFORMATION (Required if your preferred payment method is Wire or Direct Debit)	
Bank Name / Branch:	ABA Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number:
	Account Name:
<p><u>***Required if using Wire or Direct Debit***</u></p> <p><u>PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION</u></p>	

TAX INFORMATION *Required*	
If Corporation:	If Sole Proprietor:
Tax ID (FEIN): _____	Tax ID (SSN): _____

³ This form authorizes Multi Service Technology Solutions, Inc. operating as the Carrier Priority Card Processing Center, to deposit funds into and/or withdraw funds from the customer's bank account by means of Electronic Funds Transfer for payment of goods and services charged on the Carrier Priority Card Account and processed by the Carrier Priority Card Processing Center. This authorization is to remain in effect until the Carrier Priority Card Processing Center is notified, in writing, of cancellation.

ANNOUNCEMENT APPROVAL *Optional*

Will you authorize Carrier to notify its dealers that your company has enrolled in the Carrier Priority Card program by providing them with your company name and home office (city/state) location?

Yes No

Note: Your address, individual management names, phone numbers or e-mail address will not be shared. Notification to the branches and dealers of your participation will increase awareness that you are now a member of the Carrier Priority Card program and is solely intended for communication (i.e. non-sale) purposes.

PURCHASE POLICIES *Required*

Would you like for dealers to call you for an approval or PO number?

Always Never Only if a transaction is greater than \$_____

If you require dealers to obtain a PO number, are your PO numbers in a particular format?

No Yes - *If YES, please provide a separate list of all PO formats. (Example: A####-B#)*

Per-Transaction Spending Limit? (No purchases will be permitted over this amount.)⁴

None
 Transactions not allowed when amount is greater than \$_____
 Transactions not allowed when amount is lower than \$_____

⁴ If you choose not to allow transactions over or under a given limit, please contact the Carrier Priority Card Processing Center at 1-866-762-3227 to arrange an override procedure.

Carrier Priority Card Accountholder Agreement (“Agreement”)

WHEREAS Multi Service Technology Solutions, Inc., a Florida corporation (“MSTS”), is engaged in the business of providing a purchase program for parts and other products and services offered for sale by Carrier Transicold, and which program is called the Carrier Priority Card Program;
and

WHEREAS applicant requests MSTS to provide such purchase program

NOW THEREFORE, the parties hereto agree to be legally bound as follows:

1. The Carrier Priority Card account numbers (“Account”) are issued by, and credit is extended by, MSTS, P.O. Box 10922, Shawnee Mission, KS 66225. Any references in this Agreement to Carrier Priority Card program refer to MSTS.
2. The applicant authorizes MSTS to investigate the credit history of applicant through commercial reporting companies and direct inquiries to businesses where applicant has accounts.
3. If approved, the holder of the Account (“Accountholder”) represents that the Account will only be used for business or commercial purposes and at no time shall the Account be used for personal, family or household purposes.
4. Usage of the Account by the Accountholder named on it constitutes acceptance of all terms and conditions contained in this Agreement, as such terms and conditions may be amended from time to time by MSTS effective upon no less than 15 days’ prior written notice (and if no effective date is given in such notice, then 15 days from the date of such notice). Any objections to the changes in the terms and conditions must be received by MSTS within fifteen (15) days of Accountholder’s receipt of amendment notice. Usage by the Accountholder includes the retention or use of the Account by (i) the Accountholder as named on it, (ii) any person or entity under Accountholder’s direction or control, and (iii) any Dealer to whom the Accountholder or any person or entity under Accountholder’s direction or control has, at any time supplied the Account numbers.
5. Any Valid Account transactions received by MSTS for a closed or deactivated Dealer that have a transaction date prior to MSTS’s deactivation of that Dealer are the financial responsibility of the Accountholder.
6. All requested changes to Account must be made in writing on official letterhead or in an e-mail or through the program website from an officer and/or authorized representative of the Accountholder.
7. MSTS is not a seller of merchandise. MSTS neither sells nor warrants the goods or services obtained from Carrier Priority Card Dealers. MSTS’s sole function is to furnish credit and billing services; MSTS does not warrant any merchandise or services from any source obtained by the use of MSTS’s credit or billing services. **MSTS HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, RELATING TO ANY SUCH GOODS OR SERVICES, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT.**
8. A credit line will be assigned to each Accountholder and will include a .5% service fee on each transaction. This line includes all unpaid purchases, whether billed or unbilled. If Accountholder finds its credit line to be inadequate, Accountholder shall notify MSTS at 1-866-762-3227 and request a change to its credit line. MSTS will review and modify credit limits in accordance with MSTS’s credit policies.
9. Statements will be distributed daily or twice monthly as specified by the Accountholder. Payments are due in full 20 days from the statement date. Statements outstanding more than 20 days are considered delinquent. Delinquent Accounts will be assessed late charges at a monthly rate of 1.5% of the transaction value per month on all outstanding transactions. Late fees are assessed at the invoice level and on the delinquent invoices for each billing statement. The Accountholder is liable for all late charges assessed to the Account and must pay these charges to keep its Account in good standing.
10. The payment terms stated in this Agreement apply to all invoices, and supersede the payment terms of any Purchase Order (P.O.), third party contract or any other documentation the Accountholder may have signed.
11. Accountholder may pay its Carrier Priority Card statement via check, wire, or Electronic Funds Transfer (EFT). Accountholder shall notify MSTS if the convenience of paying by EFT is preferred. If EFT is preferred, the Accountholder will have the choice of either authorizing MSTS to automatically deduct funds from its designated bank account, or submitting funds to MSTS via Accountholder-initiated EFT.
12. Accountholder shall make payments to MSTS or MSTS’s designated agent as frequently as may be necessary to keep the Account balance within the line of credit and within payment terms. If Accountholder’s bank or Accountholder for any reason should fail to timely pay any amount due MSTS, Accountholder understands and agrees that MSTS may immediately suspend or terminate all Accounts held by Accountholder and draw against any letter of credit or other security that might be held by MSTS on behalf of the Accountholder. If Accountholder’s bank should fail to honor payment to MSTS or Accountholder’s account becomes delinquent, MSTS may require immediate and full payment of all outstanding amounts, as well as the return of Account numbers. In the event that a payment made to MSTS or MSTS’s designated agent is returned by the Accountholder’s bank, MSTS reserves the right to charge a returned payment fee to the Accountholder’s Account in the amount of \$50.00 or the maximum amount permitted by the law.
13. In the event that the Accountholder maintains a credit balance on the Account for longer than three (3) months and the Accountholder does not provide MSTS with instruction on how to handle the credit balance, MSTS is hereby authorized to deduct and retain a dormancy and Account management fee equal to two percent (2%) of the credit balance per month so long as the credit balance exists.
14. Accountholders have ninety (90) days from the billing statement date to dispute charges. All disputes must be received by MSTS in writing from the Accountholder within such ninety (90) day period. If an Account transaction is not disputed within ninety (90) days from the billing statement date, the Accountholder is liable for all charges related to the transaction.
15. This Agreement, any addendum(s), and any continuing guaranty, as may be required, is governed by the laws of the State of Texas, without reference to conflicts of laws principals, and it is agreed that jurisdiction of any legal action connected with this Agreement shall be exclusively in the state or federal courts located in the State of Texas. Notwithstanding the foregoing, MSTS may, at its option, choose to pursue legal action against the Accountholder in any state or province in which the Accountholder does business or where jurisdiction may otherwise be proper.
16. The Accountholder agrees that in the event of default, MSTS may institute suit against the Accountholder in aforesaid courts and that service of process by certified mail, return receipt requested, postage prepaid and addressed to the Accountholder shall be sufficient to confer jurisdiction of said courts, regardless of where the Accountholder is geographically located or does business.
17. MSTS may offset any amounts owed by Accountholder to MSTS against any claims MSTS has against the Accountholder. To secure all of Accountholder’s obligations and liabilities to MSTS under the terms of this Agreement, and all obligations and liabilities of Accountholder to MSTS under any other document or agreement between Accountholder and MSTS executed from time to time, the Accountholder hereby grants to MSTS a continuing lien and security interest in all of Accountholder’s accounts receivable, equipment, inventory, instruments, deposit accounts, chattel paper and all general intangibles. Accountholder is and shall be liable to MSTS for all costs and expenses incurred by MSTS in collection and enforcing its rights hereunder, including but not limited to, late charges and attorneys’ fees, if any, incurred by MSTS to collect all amounts due on Accountholder’s Account and/or foreclosing on its lien and security interest.

18. The Accountholder represents and warrants to MSTS, with full knowledge that MSTS will be relying on the following, that:
- (i) The person executing this Agreement on behalf of the Accountholder is:
 - (A) An authorized employee or agent of the Accountholder's company; and
 - (B) Duly authorized to execute and deliver this Agreement on behalf of the Accountholder; and
 - (C) Duly authorized to bind the Accountholder to the terms of this Agreement and to cause the Accountholder to perform its obligations hereunder.
 - (ii) This Agreement constitutes a legal, valid and binding obligation of the Accountholder, enforceable against the Accountholder in accordance with its terms.
 - (iii) The execution and delivery of this Agreement by the Accountholder and the performance by the Accountholder of its obligations hereunder is and will at all times be with full right and authority, be it corporate, partnership, limited liability company, and/or a government agency or entity, as applicable. All necessary action has been taken by the Accountholder to authorize the consummation of this Agreement, be it a corporate, partnership, limited liability company, and/or a government agency or entity, as applicable.
19. This Agreement may be terminated by either party at any time by giving written notice to the other party. Upon termination, all Account numbers shall be immediately terminated and deactivated, and the Accountholder must immediately destroy all cards and Account numbers in the possession or under the control of the Accountholder upon termination of this Agreement. Accountholder shall have the responsibility to pay all amounts due according to the agreed-upon payment terms.
20. If cards or Account numbers are lost or stolen, it is the Accountholder's responsibility to call MSTS immediately at 1-866-762-3227 to prevent unauthorized usage. Account Numbers will be immediately terminated upon notification. Any unauthorized usage prior to this notification will be the Accountholder's responsibility. Accountholder must follow-up this telephone notification with written notification sent directly to MSTS, P.O. Box 10922, Shawnee Mission, KS 66225-9022, via email or through the program website.
21. This Agreement authorizes MSTS to transmit information via email to the undersigned Accountholder at the email address(es) provided for communication. Accountholder acknowledges that the email communications may contain confidential information intended solely for the use of the Accountholder and its authorized agents and representatives. Accountholder further acknowledges that email is not a secure form of transmission and that it may potentially be intercepted or otherwise obtained by persons other than the intended recipient. In consideration of MSTS's willingness to provide the reporting to Accountholder via email, Accountholder agrees that it will not hold MSTS responsible for any email communications intercepted or received by anyone other than the intended recipients. Accountholder hereby releases MSTS and its affiliates, and each of their agents, employees and representatives, from an and all liabilities, claims, losses, damages, injuries and expenses of any kind in any way connected with or arising out of the interception or receipt of the email communications by any unintended recipients. Accountholder hereby further agrees to indemnify, defend and hold harmless MSTS and its affiliates, and each of their agents, employees and representatives, from and against any and all liabilities, claims losses, damages, injuries or expenses sought by a third party and in any way connected with or arising out of the interception or receipt of the email communications by any unintended recipients.
22. Carrier Priority and Carrier Transicold Priority are registered trademarks owned by Carrier Transport Refrigeration & Air Conditioning, Carrier Corporation.

Please retain this Agreement for future reference.

By signing below, applicant certifies all information provided to be true and correct, and agrees to be bound by the terms and conditions set forth in this Accountholder Agreement.

Accountholder Signature: _____

Date: _____

Printed Name: _____

Title: _____

Company Name: _____

PLEASE FAX TO 1-888-343-0375 OR E-MAIL TO plapplications@multiservice.com AND FORWARD SIGNED ORIGINAL

TO:

Carrier Priority Card Customer Support

P.O. Box 10922

Shawnee Mission, KS 66225-9022

The Carrier Priority Card is accepted by Carrier dealer locations participating in the Carrier Priority Card Program.
The Carrier Priority Card Program is for business and commercial use only.