

ALLIANCE COLD

Credit Application

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of contract.

Company name		
DBA (if different)		
Contact person		
Address		
Phone	Fax	
Federal tax ID or Social Security number.		
Type of business	No. Of employees	
Date business established		
Amount of credit requested \$		

Are you a:

CORPORATION

State of incorporation

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Are you sales tax exempt?

Yes

No

Have you ever had credit with us before?

Yes

No

If yes, under what name?

Authorized purchasers

Purchase order required?

Yes

No

9005 Travis Drive Suite 1
Las Milpitas Industrial Park
Pharr, Texas 78577

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info@alliancecold.com
Tel: (956) 702-8851
Fax:(956) 702-8852

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TRADE REFERENCES

Reference #1	Name _____ Address _____ Phone _____
Reference #2	Name _____ Address _____ Phone _____
Reference #3	Name _____ Address _____ Phone _____

BANK REFERENCES

Bank#1	Account # _____ Phone _____ Contact person _____ Name of bank _____ Address _____
Bank#2	Account # _____ Phone _____ Contact person _____ Name of bank _____ Address _____

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I represent the above information is true and is given to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Original signed copy of credit application must be received before final credit approval.

TERMS NET 30 DAYS.

Authorized signature:

Printed name:

Title:

Date:

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