

# 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

4823 S. Jackson Suite A  
Edinburg Texas 78539

info@alliancecold.com  
Tel: (956) 270-0206  
Fax: (956) 242-0165

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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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