

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:					
State of incorporation					
Names, titles, and addresses of your three chief	corporate off	ïcers			
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? If yes, under what name?	🗆 Yes		No		
Authorized purchasers					
Purchase order required?	🗆 Yes		No		

833 Valley College Drive Suite 8 Louisville, KY 40272

info@alliancecold.com Tel: (502) 909-0500 Fax:(502) 517-7056



TRADE REFERENCES

Reference #1	Name
	Address
	Phone
Reference #2	Name
	Address
	Phone
D. (
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 7 DAYS.

Authorized signature:	
Printed name:	
Title:	Date:

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