



# APPLICATION FOR CREDIT

DATE: \_\_\_\_\_

BY:

NAME OF FIRM OR INDIVIDUAL _____			FEDERAL TAX I.D. NUMBER _____	
ADDRESS _____			DUNN & BRADSTREET NUMBER _____	
ADDRESS _____			YEARS AT THIS ADDRESS _____	
CITY _____	STATE _____	ZIP _____	AREA CODE _____	PHONE _____
E-MAIL _____			FAX _____	

**HEREBY applies for credit in accordance with the terms and conditions of:**

**PLEASE E-MAIL OR FAX (609-466-1114) THIS APPLICATION BACK TO:**

TO:

KOOLTRONIC INC. \_\_\_\_\_

30 PENNINGTON-HOPEWELL ROAD, P.O. BOX 240 \_\_\_\_\_

PENNINGTON, NJ 08534-0240 PH: 609 466-3400 \_\_\_\_\_

NET 30 DAYS \_\_\_\_\_

OUR NORMAL CREDIT TERMS \_\_\_\_\_

F.O.B. PENNINGTON, NJ \_\_\_\_\_

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation     Check here if incorporated within the past 12 months     Partnership     Individual

1. NAME(S) OF PRINCIPAL(S) \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_

FINANCE:

BANK \_\_\_\_\_ BANK ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_

REFERENCES:

1. BUSINESS NAME _____	COMPLETE ADDRESS _____	ZIP _____
CONTACT NAME _____	PHONE _____	FAX _____ E-MAIL _____
2. BUSINESS NAME _____	COMPLETE ADDRESS _____	ZIP _____
CONTACT NAME _____	PHONE _____	FAX _____ E-MAIL _____
3. BUSINESS NAME _____	COMPLETE ADDRESS _____	ZIP _____
CONTACT NAME _____	PHONE _____	FAX _____ E-MAIL _____
4. BUSINESS NAME _____	COMPLETE ADDRESS _____	ZIP _____
CONTACT NAME _____	PHONE _____	FAX _____ E-MAIL _____

Check here if credit card sales are okay until credit is approved.

Applicant acknowledges that a 1 1/2% interest charge per month will be charged on past due invoices. Applicant agrees that all motor freight shipments going motor freight pre-pay and add are subject to an administrative and handling surcharge, added to the invoice. Applicant further agrees that should it become necessary to place the account with an attorney or collection agency, the Applicant agrees to pay for all attorney fees and collection costs in addition to all other sums due.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ (Title) \_\_\_\_\_