



APPLICATION FOR CREDIT

Company Name:		Date:
		Phone:
Street Address:		Fax:
City:	State:	Zip:
Billing Address:		Phone/Fax:
City:	State:	Zip:
Accounts Payable Contact:	Accts Pay Contact Email:	
Accounts Payable Contact Phone:	Accounts Payable Contact Fax:	

Proprietor Partnership Corporation Other: _____
 State: _____
Year: _____

Type of Business:	How long in business?	Website:
President/Owner:	Phone:	FIN or SS#:
Vice President/Owner:	Phone:	
Controller:	Phone:	

Have any of the above principals ever had a business failure or filed bankruptcy? Yes No

Monthly Requirements in \$: _____ *(If more than \$15,000, please attach Financial Statements for last 2 Years.)*

CREDIT REFERENCES (phone and/or fax number appreciated as well)

Name:	Email:
Name:	Email:
Name:	Email:
Bank:	Phone:
Office or Contact:	Account Number(s):

TERMS AND CONDITIONS

The above information is given for the purpose of obtaining open account credit with Kool Pak LLC and is warranted to be true. We agree to pay all invoices in accordance with your regular terms of NET 30 DAYS from date of Invoice. Should suit of collection action be instituted in collection of our debt, we hereby agree to pay all reasonable collection costs, expenses, attorney's fees, and court costs incurred in the enforcement of the obligations of the undersigned. A service charge of 1½% per month may be added to all delinquent invoices. All legal actions shall be brought in Washington County, Oregon and all legal proceedings shall be governed by the laws of the State of Oregon. We hereby authorize our credit references to release any information necessary to assist in establishing a line of credit with Kool Pak LLC. Customers requiring a credit limit in excess of \$15,000 may be asked to consent to the filing of a security interest.

Firm Name:	Date:
Printed Name and Signature:	Title:

Note: After a review by our Credit Department, a personal guarantee may be required.