

RefrigiWear

Application for Credit

Email to: dcarper@refrigiwear.com or Fax to: (706) 864-5828

Date: _____

Company Name: _____ # of Years in Business: _____

Buyer's Name: _____ Owner's Name: _____

Physical Address: _____

Phone #: _____ Fax #: _____ Website: _____

Sales Tax # (please attach exemption certificate): _____ SIC Code: _____

Corporate Headquarters (if applicable):

Address: _____

City, State, Zip: _____ Phone #: _____

Bill to Address (if different from above):

City, State, Zip: _____ A/P Contact Name: _____

A/P Phone #: _____ A/P Email: _____

For all Credit and Bank Reference, please see attachment.

Name of Bank: _____ Bank Officer: _____

Address: _____

City, State, Zip: _____ Bank Account #: _____

Bank Phone #: _____ Bank Fax #: _____

Trade References (Please list three):

1. Company: _____ Contact: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____ Account #: _____

2. Company: _____ Contact: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____ Account #: _____

3. Company: _____ Contact: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____ Account #: _____

This form was completed by:

Name: _____ Title: _____

Phone #: _____ Date: _____