

**KOOL MIST CORPORATION
CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. Please see following Terms and Conditions for further order inquiries.
2. By submitting this application, you authorize Kool-Mist to make inquiries into the banking and business/trade references that you have supplied.
3. Please provide a re-sale certificate with company re-sale number with first initial order placed.

SIGNATURES

Title:

Signature:

Date:

**KOOL MIST CORPORATION
PHONE# (562) 246-0949
FAX# (562) 368-0173**