

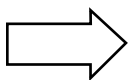


444 E. Palmetto Park Rd., Boca Raton, FL 33432
Nationwide Tel: 800-367-8675 Fax: 888-750-5082
Website: www.spot-coolers.com Email: spotcooler@att.net

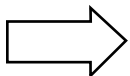
Fax

To:		From:	
Fax:		Pages:	2 (including cover)
Phone:		Date:	
Re:	Credit Application	ATTN:	

Please complete and provide a signature on the following Spot Coolers' Credit Application. Most banks and trade references will not provide credit information without authorization on our credit form



We must be in receipt of a **signed** Spot Coolers Credit Application before proceeding with your credit check.



Please note that **fax numbers** for your references are very important! Information that is omitted will only slow down your application. Please **provide fax numbers** for your local references.

If you have any questions, please contact our Credit Coordinator at the telephone number indicated above.

Thank you.



CREDIT APPLICATION

PLEASE TELL US WHO IS APPLYING FOR A CREDIT RELATIONSHIP:

APPLICANT NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 CONTACT NAME: _____ PHONE: _____ EXT: _____ TITLE: _____
 TYPE OF BUSINESS: _____ YRS IN BUSINESS: _____
 DUN & BRADSTREET NUMBER: _____

IS THIS CREDIT APPLICATION FOR:

AN INDIVIDUAL A CORPORATION OTHER (SPECIFY) _____

PLEASE PROVIDE US INFORMATION ABOUT YOUR BANK RELATIONSHIP:

NAME OF BANK _____ PHONE _____
 CONTACT OFFICER NAME _____ **FAX** _____
 ACCOUNT TYPE _____ ACCT NUMBER _____ YR OPENED _____

PLEASE PROVIDE US INFORMATION ABOUT YOUR SUPPLIERS.

*******FAX NUMBERS MUST BE INCLUDED*******

VENDOR NAME _____ PHONE _____
 CITY _____ STATE _____ **FAX** _____
 ACCOUNT NUMBER _____ TERMS _____ CONTACT _____
VENDOR NAME _____ PHONE _____
 CITY _____ STATE _____ **FAX** _____
 ACCOUNT NUMBER _____ TERMS _____ CONTACT _____
VENDOR NAME _____ PHONE _____
 CITY _____ STATE _____ **FAX** _____
 ACCOUNT NUMBER _____ TERMS _____ CONTACT _____

CREDIT RELEASE: I HEREBY AUTHORIZE OUR BANKS, TRADE REFERENCES, AND FINANCIAL INSTITUTIONS THE RIGHT TO RELEASE CREDIT INFORMATION TO SPOT COOLERS.

AUTHORIZED APPLICANT'S SIGNATURE _____
 PRINT NAME AND TITLE _____ DATE _____

PLEASE FAX THIS COMPLETED FORM TO: 561-750-5082. ANY QUESTIONS, CALL 800-367-8675.
SPOT COOLERS PAYMENT TERMS: NET 10 DAYS