



1951 NW 19th St. Suite 100, Boca Raton, FL 33431

Nationwide Tel: 800-367-8675

Fax: 888-750-5082

Web address: www.spot-coolers.com

Email: Spotcoolerinfo@spot-coolers.com

FAX

To:		From:	Jasmin Silva
Phone:		Pages:	2 (including cover)
Fax:		Date:	/ /
Re:	Credit Approval	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 Jasmin Silva 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: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____ EXT: _____ EMAIL: _____
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 WITH A COPY OF YOUR W-9. ANY QUESTIONS, CALL 800-367-8675. SPOT COOLERS, INC. PAYMENT TERMS: NET 10 DAYS