



575 East 10th Ave, Hialeah, FL 33010
 Phone: (305)884-8384 Fax: (305)887-2715
<http://www.AmeriKooler.com>

CONFIDENTIAL CREDIT APPLICATION

The following information is required prior to any commercial credit being extended. Please complete the application and return to the above address. An examination of your credit history will be conducted. Your signature at the end of this Agreement authorizes **AmeriKooler, Inc.** to check credit and banking references. No application will be processed without a signature. Upon receipt of the completed credit application, our credit department will contact you with the terms of your account. We appreciate the opportunity to serve you.

Sincerely,
AmeriKooler, Inc.

BY:

LEGAL NAME: _____	BUSINESS NAME: _____
BUSINESS ADDRESS: _____	PHONE: _____
CITY _____	STATE _____ ZIP _____
BILLING ADDRESS (If different) _____	

OWNERSHIP:

<input type="checkbox"/> CORPORATION (EIN: _____)	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETORSHIP
ORGANIZED/INCORPORATED UNDER THE LAWS OF THE STATE OF _____		

CO. HISTORY:

YEARS IN BUSINESS: _____	SALES VOLUME (Last 12 Months) _____		
DUNN & BRADSTREET #: _____			
DRIVER'S LICENSE NUMBER _____	STATE _____		
OWNERS AND/OR OFFICERS OF THE COMPANY			
NAME	TITLE	ADDRESS	S.S.#

REFERENCES:

BANK: _____	BANK OFFICER: _____		
BANK NAME _____	ADDRESS: _____ PHONE: _____		
ACCOUNT NUMBER CHECKING _____	SAVINGS _____		
TRADE REFERENCES			
COMPANY NAME	MAILING ADDRESS	TELEPHONE/FAX	MERCH.

IF TAX EXEMPT - (INCLUDE CERTIFICATE NUMBER): _____ STATE: _____

PLEASE READ, SIGN AND DATE THE REVERSE SIDE

AmeriKooler, Inc
Authorization to Check Individual
Credit History

I hereby authorize the business to whom this application is made to check our credit history in connection with a business transaction involving the firm making this application.

Signature Name Date
I am a (check one) Principal Guarantor Other of this firm.

I hereby authorize the business to whom this application is made to check my individual credit history in connection with a business transaction involving the firm making this application.

Signature Name Date
I am a (check one) Principal Guarantor Other of this firm.

I hereby authorize the business to whom this application is made to check our credit history in connection with a business transaction involving the firm making this application.

Signature Name Date
I am a (check one) Principal Guarantor Other of this firm.

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with you on behalf of the undersigned or persons, firms or corporations on whose behalf the undersigned may either jointly or severally agree to pay for all goods, wares or merchandise supplied.

Each undersigned understands that you are relying on the information provided herein in deciding to grant or continue commercial credit. Each undersigned represents and warrants that the information provided is true and complete. This statement is to be considered correct until a written notice of change is given to you by the undersigned. Our purchases will be made solely for use in the below named business and not for personal, family or household purposes.

We jointly and severally agree to pay a service charge on all delinquent amount not more than ten (10) days past due as set forth in the invoice or statement. The charge will be computed by applying a periodic rate not exceeding the maximum rate of one and one-half (1 1/2) percent per month to the previous month's unpaid balance. This service charge is necessary to cover your cost of rebilling and is not a method of financing the account. Should the account become more than thirty (30) days delinquent it will be placed in the hands of a collection agency. The undersigned jointly and severally agrees to pay any and all reasonable collection charges and in the event of suit to collect such payment balance, we shall pay all reasonable attorney's fees and actual court costs. All transactions involving the credit extended hereunder shall be governed by the laws of the state of Florida, which are expressly adopted to control all transactions hereunder. The undersigned expressly waives the defense of Statute of Limitations for the period permitted by law and further waives the privilege of being sued in the county of their residence and agrees suit may be brought in Dade County, Florida.

AMERIKOOLER, INC. is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein, to determine the business credit worthiness. Any banks and/or credit references are authorized to answer questions about their credit experience with this business.

Date: _____ By: _____
Owner/President

Individually

If you will notice, we have left two signature blanks. This is for a corporation for which an individual will sign in the corporate capacity, individual capacity and will be joined by spouse. Further, if it is a general partnership, although it is not mentioned on the form, at least two of the partners should sign. If it is a limited partnership then only the general partner need sign.

PLEASE DO NOT WRITE IN THE SPACE BELOW

VERIFICATION:	REFERENCES CHECKED BY	<input type="checkbox"/> CREDIT APPROVED BY
	REFERENCES RESULTS	<input type="checkbox"/> CREDIT REFUSED BY
	CREDIT LIMIT	DATE