



AUTHORIZATION AND CREDIT INFORMATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHYSICAL ADDRESS (If using PO Box or if different than above) _____

TELEPHONE#: () _____ **FAX #:**() _____

WEBSITE ADDRESS: _____ **EMAIL :** _____

Person(s) Authorized to release product – (It is the responsibility for the above named customer to inform Capital Cold in writing of any changes to this list. If more space is needed, please use backside.)

NAME: _____ **POSITION:** _____ **EXT:** _____ **EMAIL:** _____

NAME: _____ **POSITION:** _____ **EXT:** _____ **EMAIL:** _____

NAME: _____ **POSITION:** _____ **EXT:** _____ **EMAIL:** _____

AFTER HOURS CONTACT: _____ **TEL:()** _____

ACCOUNTS PAYABLE: _____ **EXT:** _____ **EMAIL:** _____

BROKER(S) AUTHORIZED TO ORDER FROM YOUR ACCOUNT: _____

BANK REFERENCE:

NAME OF YOUR BANK: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

I understand that I am providing this information in strict confidence for the sole purpose of Capital Cold Storage. I further agree that the applicant will abide by the Terms and Conditions as noted on the warehouse receipt and /or separate documents as provides by Capital Cold. All Invoices will be paid within 30 days and any amounts past due will carry a finance charge of 1.5% per month, 18% per annum.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____