

# CREDIT APPLICATION

Allied Refrigeration Inc. Corporate Headquarters  
2300 E. 28th Street, Signal Hill CA 90755 Phone: (562) 595-5301

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## Company Information

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

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## Other Information

Kind of Business: \_\_\_\_\_  
Date Established: \_\_\_\_\_  
State Contractor License Number: \_\_\_\_\_  
Resale Tax Certificate Attached: Yes \_\_\_\_\_ No \_\_\_\_\_  
(If NO - you will be charged tax)  
Previous Occupation or Business: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_

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## Individual Proprietorship Only:

Name of Proprietor: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Home Tel: \_\_\_\_\_

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# Corporation or Partnership Only

(Please also attach current financial statements.)

Name of Partner or Officer (1): \_\_\_\_\_

Title: \_\_\_\_\_

Name of Partner or Officer (2): \_\_\_\_\_

Title: \_\_\_\_\_

Do you have a PARENT corp?    Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please also download and fill out the Parent Corporation Information PDF.

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## Bank Information

Bank: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Account No.: \_\_\_\_\_

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## Trade Information

**Company(1):** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Account No.: \_\_\_\_\_

**Company(2):** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
**Company(3):** \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Account No.: \_\_\_\_\_

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## Personal Guaranty

TERMS AND CONDITIONS: It is agreed by the undersigned that: (1) all goods and equipment sold will be due 30 days from date of invoice. In the event that the account becomes delinquent, all invoices become immediately due and payable, (2) I agree to accept the determination of the manufacturer as to the warranty status of any returned merchandise, (3) any sums not paid within terms of sale are subject to a service charge of one and one half percent (1 1/2%) per month (18% per year) and (4) acceptance of goods constitutes an agreement to pay reasonable collection charges and/or attorney's fees and court costs that ALLIED REFRIGERATION INC. may incur in collection of any sums past due as a result of open account credit extended. The undersigned certifies that this open account is made on the behalf of applicant shown above for the purpose of securing open account terms of credit from ALLIED REFRIGERATION INC. and that the above references represent the major creditors of applicant. The undersigned, individually and as officers of the above named corporation, do hereby individually bind ourselves and the corporation to the terms of this contract; and this joint and several liability shall be binding and enforceable upon each and all of us. The incorporation, merger, reorganization or sale of the Customer's business shall not operate as a termination of the Guaranty, and the guaranty shall continue as to credit extended such other entity. Any action to collect past due balances or to enforce the personal guaranty shall at Allied's option, be filled in the Long Beach Municipal Court of the Los Angeles Superior Court or any other court Allied may choose.

Dated: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Corporate Seal: \_\_\_\_\_

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President or Owner (Signature):\_\_\_\_\_

Social Security #:\_\_\_\_\_

Resident Address:\_\_\_\_\_

City:\_\_\_\_\_

State:\_\_\_\_\_

Zip Code:\_\_\_\_\_

Vice President or Partner (Signature):\_\_\_\_\_

Social Security #:

Corporate Secretary (Signature):\_\_\_\_\_

Social Security #:\_\_\_\_\_

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Please download & print this page and mail/FAX the completed form ***with your signature/information*** to your local Allied Refrigeration branch.

\*If you have a Parent Company, please also download/save/print and then FAX the Parent Corporation Information form as well.

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