



P: 1-877-Kool-Tek  
F: 1-813-298-1993

## NEW ACCOUNT & CREDIT APPLICATION

### Application Status

- New Request  
 Update Existing

#### BILL TO:

Legal Company Name: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 D.B.A.: \_\_\_\_\_ Year Established: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Type (check 1):  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  Corporation  Partnership  Sole Proprietorship  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address or fax number to receive invoices: \_\_\_\_\_

Do you need a catalog?  Yes  No How did you hear about us? \_\_\_\_\_

Broker Representative: \_\_\_\_\_

#### SHIP TO (If different then above)

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Officers, partners, \_\_\_\_\_  
 proprietors: \_\_\_\_\_  
 (Name and SSN) \_\_\_\_\_

Federal ID#: \_\_\_\_\_ D&B #: \_\_\_\_\_

### **\*MUST COMPLETE CONTACT INFORMATION\***

Sales Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Receive Promos:  Yes  No

Service Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Receive Promos:  Yes  No

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Receive Promos:  Yes  No

#### \*\*\*TRADE CREDIT REFERENCES\*\*\*

If requesting credit terms please attach 4 credit references complete with phone and fax numbers.  
 Floor plan companies, credit card, additional bank references and personal references are NOT acceptable.

#### CREDIT CARD PAYMENTS: (COMPLETE CREDIT CARD AUTHORIZATION FORM!)

Charge my account all orders  Charge my account until my credit is approved

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE TO PAY ALL BILLS WHEN DUE INCLUDING REASONABLE SERVICE CHARGES AND ATTORNEY FEES IF COLLECTION ACTION IS REQUIRED. I UNDERSTAND AND AGREE TO ABIDE BY THE KOOL TEK, LLC CREDIT TERMS.

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax To: 813-298-1993**



P: 1-877-Kool-Tek  
F: 1-813-298-1993  
E: info@KoolTekCoolers.com  
W: www.KoolTekCoolers.com

# Credit Card Authorization Form

Dear Valued Customer,

Please fill out the following form and return it with your signature so that we may process your order. I authorize Kool Tek, LLC to charge my:

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_

Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Validation Code: \_\_\_\_\_

(For VISA and MC it is the last 3 digits on the back of the card, for AMEX it is 4 digits on the front of the card )

Cardholders' Name: \_\_\_\_\_

## ***Credit Card Billing Information***

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## **READ THE FOLLOWING THOROUGHLY**

**I understand that my signature on this form will serve in lieu of my authorized signature on the credit slip. I understand that once my order has been processed and shipped, I may not cancel my order. If I refuse my order once it has shipped, I agree to be responsible for all shipping charges both ways.**

I understand that to cancel *Automatic Charge* to my credit card, I can simply call Kool Tek and let them know. This signature guarantees all on-going credit card charges until cancelled. I understand that there are no refunds or returns on special orders.

I have read and understand the above conditions. The above information provided to Kool Tek for charge purposes shall be held in strict confidence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

