



**ALLIED
REFRIGERATION**
HVACR EQUIPMENT PARTS SUPPLIES

CREDIT APPLICATION

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

Company Information

Company: _____

Contact Person: _____ Title: _____

Tel: _____

Fax: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address same as above: Yes No

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: _____

Accounts Payable Contact Tel: _____

Accounts Payable Contact Email: _____

Preferred delivery of invoice: Email FAX Mail

Invoice Email: _____

Invoice FAX: _____

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: _____

Individual Proprietorship Only:

Name of Proprietor: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____

Home Tel: _____

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.
[www.alliedrefrigeration.com/Parent Corporation Information.pdf](http://www.alliedrefrigeration.com/Parent%20Corporation%20Information.pdf)

Bank Information

Bank: _____

Contact Person: _____

Title: _____

Tel: _____

Fax: _____

City: _____

State: _____

Zip Code: _____

Account No.: _____

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.: _____

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: _____

President or Owner (Signature): _____

Social Security #: _____

Resident Address: _____

City: _____

State: _____

Zip Code: _____

Vice President or Partner (Signature): _____

Social Security #: _____

Corporate Secretary (Signature): _____

Social Security #: _____

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.
