

ouisiana • Texas • Arizona • Arkansas • Mississippi • New Mexico

SOUTHERN ICE EQUIPMENT DIST.; INC.

6621 GEYER SPRINGS RD. SUITE L, LITTLE ROCK, AR 72209 WWW.SOUTHERNICE.COM 501-569-9318

CONFIDENTIAL CREDIT APPLICATION

INFORMATI	ION:			
ctions applicab	ole to youi	application.		
ls empty. If not	applicabl	e, write "N/A".		
ales tax exemp	pt, attach	a copy of your exen	pt certificate.	À.
your organizatio	on's W-9.			v.
•				
ugh at hdunlap	@souther	nice.com & mail ori	ginal	
Legal Name of Organization:				
Parent Company (if subsidiary):				
		State:		Zip Code:
				Email:
	1	A/P Fax:		
☐ Sa	ame As	Billing Address		
		State:		Zip Code:
		Fax:		
				7
			Partnership	Corporation
		ial Security #:		
•	Date:			
d:				
itles of Own				
				SSN:
2		Address:		SSN: SSN:
3			Address:	
	ections applicated sempty. If not sales tax exemply and sales tax exemply are represented by the sales tax exemply are	Same As Same As Partnership, Give Soc Corporation Date: d: itles of Owners / O	State: Fax: Same As Billing Address State: Fax: Proprietorship Partnership, Give Social Security #: Corporation Date: d: d: d: d: d: d: d: des empty. If not applicable, write "N/A". sales tax exempt, attach a copy of your exemyour organization's W-9. Subsidiary by the same and the same	sections applicable to your application. Is empty. If not applicable, write "N/A". Is ales tax exempt, attach a copy of your exempt certificate. Is your organization's W-9. It is also tax exempt, attach a copy of your exempt certificate. Is also tax exempt certificate.

Parts:

Equipment:

Purchasing:

Both:

Business References Must Be <u>Completed</u> to Process This Application

Company Name:	
Address:	
Contact:	
Fax or Email:	
Account Number:	
Company Name:	
Address:	
Contact:	
Fax or Email:	
Account Number:	
Company Name:	
Address:	
Contact:	
Fax or Email:	
Account Number:	
Company Name:	
Address:	
Contact:	
Fax or Email:	
Account Number:	
Company Name:	
Address:	
Contact:	
Fax or Email:	
Account Number:	

I (We) understand the information furnished you on this application, as well as the reverse side hereof, is for the purpose of obtaining credit from your firm. That I am (we are) authorized, in my capacity, to bind my (our) firm accordingly. You have my (our) permission to obtain credit information on my (our) company from the listed references. All accounts or monies due shall be due and payable at your place of business in accordance with due date on the invoice. Applicant agrees to pay all invoices promptly when due and in default of which applicant shall be responsible to pay all costs, expenses and attorney fees which might be incurred in the event the applicant's account is referred to an agency or attorney for collection. SIGNATURE OF OWNER OR CORPORATION OFFICER TITLE DATE PERSONAL CONTINUING GUARANTY For and in consideration of the extension of credit by Southern Ice Equipment Distributors of Arkansas, Inc. ("Southern Ice") to (the "Company"), the undersigned, whether one or more, hereby jointly, solidarity and unconditionally bind and obligate themselves to Southern Ice for the payment of any and all indebtedness of whatever kind or nature that may now or hereafter be owed by the Company to Southern Ice. The undersigned waive all notices of the extension of credit by Southern Ice to the Company, and further waive all pleas of division and discussion and all suretyship defenses and agree to pay the full amount of the Company's indebtedness to Southern Ice upon demand. SIGNATURE OF OWNER OR CORPORATION OFFICER

DATE

TITLE

creditar.doc