



EQUIPMENT DISTRIBUTORS

Louisiana • Texas • Arizona • Arkansas • Mississippi • New Mexico

SOUTHERN ICE EQUIPMENT DIST., INC.

112 LUKE ST., LAFAYETTE, LA 70506

WWW.SOUTHERNICE.COM

800-467-2823

CONFIDENTIAL CREDIT APPLICATION

INSTRUCTIONS AND INFORMATION:

1. Complete and sign all sections applicable to your application.
2. Please do not leave fields empty. If not applicable, write "N/A".
3. If your organization is sales tax exempt, attach a copy of your exempt certificate.
4. Please attach a copy of your organization's W-9.
5. Our terms are NET 30.
6. Please email complete form to: Erica Miller emiller@southernice.com; mail original to address above.

| | |
|--|--|
| General Information | |
| Legal Name of Organization: | |
| Parent Company (if subsidiary): | |

| | | | |
|-------------------------|------------|-----------|--|
| Billing Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | Email: | |
| A/P Contact: | A/P Email: | | |
| A/P Phone: | A/P Fax: | | |

| | | | |
|--------------------------|--|-----------|--|
| Shipping Address: | <input type="checkbox"/> Same As Billing Address | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | | |

| | | | |
|--|---|--------------------------------------|--------------------------------------|
| Federal Tax ID: | | | |
| Organization Type: | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| If Proprietorship or Partnership, Give Social Security #: | | | |
| If Corporation, Give Corporation Date: | | | |
| Date Business Started: | | | |

| | | |
|---|----------|------|
| Printed Names & Titles of Owners / Officers: | | |
| 1 | Address: | SSN: |
| 2 | Address: | SSN: |
| 3 | Address: | SSN: |

| | | | | | | |
|--------------------|-------------------|--------------------------|---------------|--------------------------|--------------|--------------------------|
| Purchasing: | Equipment: | <input type="checkbox"/> | Parts: | <input type="checkbox"/> | Both: | <input type="checkbox"/> |
|--------------------|-------------------|--------------------------|---------------|--------------------------|--------------|--------------------------|

Sales Tax You are Responsible for: _____ %

****Business References Must Be Completed to Process This Application****

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

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| Company Name: | |
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| 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, 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

TITLE

DATE

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