

CREDIT APPLICATION

THE FOLLOWING INFORMATION IS SUBMITTED AS A BASIS FOR THE EXTENSION OF CREDIT TO US

DATE: _____

ESTIMATED ANNUAL SALES \$ _____

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

NAME OF PARENT CO. _____

ADDRESS _____

IF INCORPORATED UNDER LAWS OF WHAT STATE _____

YEAR BUSINESS WAS STARTED _____

TYPE OF BUSINESS _____

CORPORATION	PARTNERSHIP	PROPRIETORSHIP	BANK REFERENCES
NAME OF PRINCIPALS _____	TITLE _____		BANK NAME _____
HOME ADDRESS _____			ADDRESS _____
CITY _____	STATE _____	ZIP _____	PHONE _____
NAME OF PRINCIPALS _____	TITLE _____		CONTACT _____
HOME ADDRESS _____			BANK NAME _____
CITY _____	STATE _____	ZIP _____	ADDRESS _____
			PHONE _____
Resale certificate No. _____			CONTACT _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ON ALL SUPPLIERS, BANKS OR PERSONS THAT YOU PRESENTLY OWE MONEY. **PLEASE BE SURE TO INCLUDE FAX NUMBERS.**

NAME	ADDRESS	PHONE	FAX

Louisville Cooler Manufacturing Co.

7657 National Turnpike
Louisville, Kentucky 40214
Email: info@lvc cooler.com

502-363-1692
1-800-456-1440