

# Service Cold Storage

## Credit Application

Phone: 954.761.7772 Fax: 954.761.3633

Rev. 05/2007

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Company Name	d/b/a
Address	City, State, Zip
Billing Address	City, State, Zip
Telephone	Fax
Primary Contact Person(s)	Email
Accounts Payable Contact	A/P Phone, Fax if different

*Please check one:*  
 Corporation       Sole Ownership       Partnership       Other

Type of Business	Years in Business
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### Credit References

Name of Company	Phone	Fax
Address	City, State, Zip	

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Signature of Authorized Company Rep.	Date
Printed Name	Title

Please tell us how you heard about us: \_\_\_\_\_

### Releases

*Service Cold Storage recognizes that some customers prefer to verbally release product; however we strongly recommend written releases. Verbal releases afford no protection to the customer regarding unauthorized pickups and accuracy. Please initial below if your company ALWAYS REQUIRES WRITTEN WAREHOUSE RELEASES. Thank you.*

Written Releases Required \_\_\_\_\_