

## **O2 Cool Manufacturing, LLC**

P.O. BOX 1717 DECATUR, TX 76234

## **NEW CUSTOMER FORM**

Thank you for your request for to do business with us. Please assist us by completing all the information requested.

Company Name			
DBA? Yes No _	If yes, DBA Nam	e	
Billing Address	Phone	Fa:	x
City	State Zip	E-mail	
Delivery Address	City	State _	Zip
Contact Person	Kind of Business		
Resale No.	Federal Tax I. D	Years E	stablished
Type of Business: Corporation	Partnership	Sole Proprietor	
f Corporation: Year Incorporated	State	Tax Exempt Yes	No
	: Limited Partnership		
List all partners:			
Purchase Information: Anticipated	Monthly Purchases \$	P. O. Required?	Yes No
Ac	counts Payable / Invoice Subr	nission Information	
Email Address:		Phone Numbe	er:
Shipping Instructions	Shipping <i>i</i>	Acct#:	
	OWNERS / OFFI	CERS	
Name Home Address	Title Ci	S. S zy State	.# Zip
CREDIT	CARD INFORMATION - CC	Customers Only Portion	1
Credit Card #:			Expiration
Billing Address	pears on card Cit	y State	 Zip

## **CREDIT REFERENCES - Terms Only Customers**

Owner/Officer Signature	Print Name & Ti	tle [	 Date
I / We have read the terms and cond	itions above and fully agree to	comply by them.	
H.All Credit Card Payments will Incur	-	_	ale.
G.Authorized Signature: The person s and bind Buyer.	igning below represents and wa	rrants that he/she ha	as the authority to sign for
F.Liens and Setoffs. In addition to all I of, Guarantors now to hereafter in th safe keeping or otherwise; and every to Guarantors.	e possession of Obligee, whethe	er held in a general o	r special account, or for
E.Terms & Conditions. Acceptance of No modifications of these terms shall	•		ment herewith by Buyer.
D.Buyer agrees to pay all costs includ becomes necessary to enforce collect		, legal costs, and rea	sonable attorney's fees if it
C.Buyer and Seller agree that the Couclaims and controversies of any natur	-		risdiction over all other
B.Credit Suspension. Seller reserves t event that payment is not made whe card.		•	
A.Payment. Unless otherwise agreed than 30 days of billing date. Any acco placed or processed until the account	unt that becomespast due will b	ŭ	• •
The above information is submitted account. The undersigned authorizes including obtaining copies of my con release information regarding my account to the submitted accounts.	you to make such inquiries as sumer credit report, authorizing	are necessary to obt	ain credit information
Address	City	State	Zip
Name	Acct #	Phone	
Address	City	State	Zip
Name	Acct #	Phone	
Address	City	State	Zip
Name	Acct #	Phone	