



**AUTHORIZATION AND CREDIT INFORMATION**

**COMPANY NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHISICAL ADDRESS (If using PO Box or if different than above)** \_\_\_\_\_

**TELEPHONE#:** (    ) \_\_\_\_\_ **FAX #:**(    ) \_\_\_\_\_

**WEBSITE ADDRESS:** \_\_\_\_\_ **EMAIL :** \_\_\_\_\_

**Person(s) Authorized to release product – ( It is the responsibility for the above named customer to inform Capital Cold in writing of any changes to this list. If more space is needed, please use backside.)**

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **EXT:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **EXT:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **EXT:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**AFTER HOURS CONTACT:** \_\_\_\_\_ **TEL:(    )** \_\_\_\_\_

**ACCOUNTS PAYABLE:** \_\_\_\_\_ **EXT:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BROKER(S) AUTHORIZED TO ORDER FROM YOUR ACCOUNT:** \_\_\_\_\_

**BANK REFERENCE:**

**NAME OF YOUR BANK:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

I understand that I am providing this information in strict confidence for the sole purpose of Capital Cold Storage. I further agree that the applicant will abide by the Terms and Conditions as noted on the warehouse receipt and /or separate documents as provides by Capital Cold. All Invoices will be paid within 30 days and any amounts past due will carry a finance charge of 1.5% per month, 18% per annum.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_