

Company Information

Company Name: _____
 DBA: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Billing Address: _____
 Phone #: _____ Fax #: _____
 Type of Business: _____ Date Established: _____
 Web Address: _____ Duns # _____

Principals

Name: _____ Title: _____
 Name: _____ Title: _____

Trade References

Company Name: _____	Accounting Contact: _____
Address: _____	City: _____
State: _____ Zip Code: _____	Phone: _____
Email: _____	Fax: _____
Company Name: _____	Accounting Contact: _____
Address: _____	City: _____
State: _____ Zip Code: _____	Phone: _____
Email: _____	Fax: _____
Company Name: _____	Accounting Contact: _____
Address: _____	City: _____
State: _____ Zip Code: _____	Phone: _____
Email: _____	Fax: _____

The following will **NOT** be accepted as references.

Property Management Companies Landlords Utility Companies Shipping/Freight Companies

This is our authorization to Polar Tech Industries, Inc. to contact the references provided so that information may be obtained to consider granting credit privileges to us. We believe that our company is financially able to meet any commitments we have made and we intend to pay promptly in accordance with payment terms indicated on Polar Tech Industries, Inc. Invoices. Should those terms now or at any future date include a service charge for a late payment, we agree to pay such charges if incurred.

Signed: _____ Date: _____

Polar Tech Industries Sales Rep _____

Purchase Order Information

Is a Purchase Order # Required? Yes No

Are there Restrictions on who can Order: Yes No *If yes, please list below*

Does your primary shipping destination require: (Select all that apply)

Liftgate Delivery Appt Inside Delivery Sort & Segregate No Dock

Is that destination: (Select all that apply)

Residential Farm University Guard Gate Entry Prison

Company Ownership

Do you have a parent Company? Yes No

If yes, Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable (AP) Information

AP Contact _____

AP Phone # _____ AP Fax# _____

AP Email address: _____

Do you accept Invoices/Statements via email? Yes No *otherwise, they will be mailed*

Email Address for Invoices/Communications _____

How will you pay if approved Net 30: Check Credit Card ACH/Wire*

Please be advised, for all overdue amounts, late fees will be charged at a rate of one and one-half percent (1.5%) for each month or part thereof that the amount remains unpaid.

Once invoices reach 60 days old or if the account is at/over the credit limit, the account will be put on credit hold.

* If approved, an email will be sent to your Accounts Payable person, with ACH information

Terms and Conditions

I have read and agree to the attached terms and conditions Yes No

Signature: _____