PELICAN ICE *** APPLICATION FOR CREDIT

POST OFFICE BOX 2131 * KENNER, LA 70063
PHONE: 504-602-0013 * FAX: 504-602-0017

THE OFFICIAL ICE OF THE NEW ORLEANS SAINTS

DATE:

FIRM OR INDIVIDUAL NAME:
PRINICIPAL OFFICIER:
BILLING ADDRESS:

PHYSICAL ADDRESS:

PURCHASING AGENT:
PHONE NO: FAX NO:
EMAIL ADDRESS:
DO YOU PAY BY PURCHASE ORDER NUMBER? YES NO
TYPE OF BUSINESS:
YEARS IN BUSINESS:
IS THE BUSINESS TAX EXEMPT: YES NO

IF SO PLEASE ATTACH COPY OF EXEMPTION CERTIFICATE

CREDIT REFERENCES:

1) NAME: PHONE NO:
ADDRESS: CONTACT NAME:

2) NAME: PHONE NO:
ADDRESS: CONTACT NAME:

3) NAME: PHONE NO:
ADDRESS: CONTACT NAME:

BANK REFERENCE:
NAME: PHONE NO:
ADDRESS: BANKING OFFICIER:
joe blace

PERSONAL GUARANTEE

IN CONSIDERATION OF ANY CREDIT EXTENDED TO:

THE UNDERSIGNED HEREBY AGREES TO ABIDE BY THE TERMS OF THE INVOICES AND TO MAKE PAYMENTS NO LATER THAN THE 10TH DAY OF EACH FOLLOWING MONTH. ALSO IN ACCORDANCE WITH THE CUSTOMER PROTECTION ACT, I/WE AND "PURCHASER" AUTHORIZE PELICAN ICE & COLD STORAGE, LLC, TO SECURE CREDIT REPORTS TO BE USED IN DETERMINING THE ELIGILITY FOR COMMERICAL OR BUSINESS CREDIT.

FIRM OR INDIVIDUAL:
AUTHORIZED SIGNATURE: