# BUSINESS INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal Business Name: |  | | Company (DBA): |  |
| Contact: |  | | Title: |  |
| Website: |  | | Phone: |  |
| Type of Business: | Corporation: Partnership: Sole Proprietorship: Non/Profit: | | | Years in Business: \_\_\_\_\_\_\_\_\_\_ |
| Status of Business/Practice: | New: Established: | | Industry Type: |  |
| **SALES TAX**: Are you Exempt? Yes No If so, you **MUST** submit Exemption Certificate – (or we will charge sales tax) | | | | |
| business contact information | | | | |
| Bill to Address:  City, State Zip Code | |  | Ship to Address:  City, State Zip Code |  |
| Preferred Method of Billing: | | Email Mail | Accounts Payable Email: |  |
| Accounts Payable Contact Name: | |  | AP Contact Name Email: |  |
| Accounts Payable Phone No.: | |  | Accounts Payable Address: |  |
| Buyer Contact Name: | |  | Buyer Email: |  |
| Buyer Phone No.: | |  | Buyer Address: |  |
| Preferred Contact Name: | |  | Preferred Contact Email: |  |
| Preferred Contact Phone No.: | |  |  |  |
| Alternate Contact Name: | |  | Alternate Contact Email: |  |
| Alternate Phone No.#: | |  |  |  |
| Preferred Freight and shipping Instructions | | | | |
| Preferred Method of Shipment | | Internal Routing: Collect: Shipping Carrier:  Prepay and Add: Preferred Account No: | | |
| Receiving Contact Name: | |  | Receiving Hours: |  |
| Receiving Contact Phone No.: | |  | Special Instructions: |  |

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Owner/ Principal Name: |  | Phone No.: |  |
| Street Address: |  | City, State, Zip Code: |  |
| Owner/ Principal Name: |  | Social Security No.: |  |
| Street Address: |  | City, State, Zip Code: |  |

# BUSINESS/TRADE RElationships

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Bank: |  | Branch: |  |
| Account Number: |  | Bank Officer: |  |
| Phone No.: |  | E-Mail: |  |
| TRADE REferences | | | |
| Company Name: |  | Contact Name: |  |
| Phone No.: |  | E-Mail: |  |
| Company Name: |  | Contact Name: |  |
| Phone No.: |  | E-Mail: |  |
| Company Name: |  | Contact Name: |  |
| Phone No.: |  | E-Mail: |  |

Please submit a copy of your W9 along with this form.

Will you be purchasing our products for resale? Yes No If yes, please submit a copy of your reseller’s certificate.

By submitting this application, you authorize CryoWorks, Inc. to make inquiries into the banking and business/trade references that you have supplied.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Title: |  | Date: |  |

If you are interested in establishing a line of credit or payment terms with CryoWorks, Inc. please fill out the information below. This will require a second signature authorizing CryoWorks, Inc. to run your credit.

|  |  |  |  |
| --- | --- | --- | --- |
| credit line request | | | |
| Current Credit Line: |  | Requested Credit Line: |  |
| Current Terms: |  | Requested Credit Terms: |  |
| Do any unsatisfied judgements exist? Yes: No: | | | |
| If Yes, Please Explain: | | | |
| Have you ever filed for Bankruptcy? Yes: No: | | | |
| If Yes, Please Explain: | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

# agreement

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1½% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney’s fees, and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement; (8) I or we are authorizing CryoWorks, Inc. to obtain a credit report and contact my bank and trade references.

# credit cannot be extended until this form is completed and verified

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Title: |  | Date: |  |