



Mastercool[®]
"World Class Quality"

QF 08 - CREDIT APPLICATION

All Information Must Be Filled In Completely

COMPANY NAME:		
MAILING ADDRESS:		
SHIP TO ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF COMPANY ESTABLISHMENT:		
TELEPHONE:	FAX:	
OWNERSHIP TYPE:	INDIVIDUAL/SOLE PROPRIETOR PARTNERSHIP LLC OR LLP CORPORATION	STATE REGISTERED _____ STATE REGISTERED _____ STATE REGISTERED _____
PRINCIPAL OWNER (1):	TITLE:	
PRINCIPAL OWNER (2):	TITLE:	
PRESIDENT/SENIOR EXEC:	TITLE:	
PURCHASING CONTACT:	TELEPHONE:	
ACCTS PAYABLE CONTACT:	TELEPHONE:	
PRIMARY BUSINESS:	AUTOMOTIVE	HVAC/R

BANK INFORMATION		
BANK NAME:		
ACCOUNT NO:	CONTACT:	
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	FAX:	
AUTHORIZED SIGNATURE TO RELEASE BANK INFORMATION:		



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OTHER REFERENCES:	
NAME:	NAME:
ADDRESS:	ADDRESS:
ATTN:	ATTN:
TELEPHONE:	TELEPHONE:
FAX:	FAX:
NAME:	NAME:
ADDRESS:	ADDRESS:
ATTN:	ATTN:
TELEPHONE:	TELEPHONE:
FAX:	FAX:

SIGNATURE:	TITLE:	DATE:
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Please mail or fax this application to the attention of Ms. Jan Testa, at the address cited below:

Mastercool, Inc.
 1 Aspen Drive
 Randolph, NJ 07869-1103

Phone: (973) 252-9119

Fax: (973) 252-2455