



Soda Service & Alpine Refrigeration

261 PASCONE PLACE • NEWINGTON, CT 06111

PHONE (860) 666-7845 • (860) 522-8007 • FAX (860) 666-7876



APPLICATION FOR CREDIT **Date:**

Business Name:		
Corporate Name:		
Street:		
City/State/Zip:		
Phone:	Fax:	Email:
Type of Business:		
Years in Business:		
Name of Owners/Partners:		
Street:		
City/State/Zip:		
Home Telephone:	Driver's License Number:	
Business Phone:	Cell Phone:	
Credit Card #:	Exp:	CVC#
Exact Name on Card:		
Exact Billing Address for Card:		
Name of Landlord:		
Street:		
City/State/Zip:		

TRADE REFERENCES		
Name	Address	Phone Number
1		
2		
3		

***Invoices are payable within 30 days. Questions, discrepancies or problems to be directed to the accounts receivable department with in one week of receipt of the invoice for prompt resolution. In the event that legal action needs to be instituted, you shall be responsible for all costs of collection, attorney court, and legal fees.

***Any accounts exceeding 30 days will be automatically charged to the business owner's credit card (the account listed above.)

LIABILITY & GUARANTEE

I/We _____ personally and individually guarantee to Soda Service, Inc. any and all monies for all goods, wares or merchandise obtained by us/me under the name of _____, or any other name directly or as a result of my request or someone acting on my behalf. This agreement will remain in effect indefinitely.

Signature: _____

Social Security Number: _____