



# Parrot-Ice Drink Products of America, Ltd. New Customer Credit Application & Account Setup Form

**Date:** \_\_\_\_\_ **Submitted By (PI Representative):** \_\_\_\_\_ **Macola Account #:** \_\_\_\_\_

### CUSTOMER CREDIT INFORMATION / APPLICATION

Company's Legal Name:		DBA:	
Primary Billing Address:		City:	State: Zip:
Primary Contact Name:	Phone:	Fax:	Email:
Primary Accounting Contact Name:	Phone:	Fax:	Email:
<b>Single (One) Store Site Information:</b>			
Ship To / Site Name:	Contact (Manager) Name:	Phone:	Fax: Email:
Site Primary Contact Address <i>(If different from site address)</i>		City:	State: Zip:
<b>Please Attach a Store List with Managers Name, Fax &amp; E-mail for Multiple Store Sites.</b>			Store List Attached? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Legal Entity <i>(Select One):</i>	<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit		
Years under Current Ownership:	Date Established:		

### PARENT COMPANY HEADQUARTERS INFORMATION *(If Applicable)*

Legal Name:			
Address:		City:	State: Zip:
<b>Total Number Store Sites:</b>	<b>Customer Type <i>(Select One):</i></b>	<input type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Distributor <input type="checkbox"/> Rental Company <input type="checkbox"/> Other:	
Customer Business Type <i>(Select One):</i> <input type="checkbox"/> C-Store <input type="checkbox"/> Food Service <input type="checkbox"/> Retail Grocery <input type="checkbox"/> Education <input type="checkbox"/> Distributor			
Account Payment Status Requested <i>(Select One):</i> <input type="checkbox"/> Terms <i>(Net 15)</i> <input type="checkbox"/> COD <i>(Credit Card, Check, Cash)</i> <input type="checkbox"/> ACH <i>(Auto Debit Withdrawal)</i> <input type="checkbox"/> Other <i>(If "Other") Explain:</i>			

### BANK INFORMATION

Bank #1 Name:		Phone:	Fax:	Email:
Branch:		Banking Officer:		Phone Extension:
ACCOUNT NUMBERS:	Checking:	Savings:	Loan:	
Bank #2 Name:		Phone:	Fax:	Email:
Branch:		Banking Officer:		Phone Extension:
ACCOUNT NUMBERS:	Checking:	Savings:	Loan:	

### PRIMARY CREDIT REFERENCES

Company:	City:	State:	Zip:	Phone:	Account Number:
Company:	City:	State:	Zip:	Phone:	Account Number:
Company:	City:	State:	Zip:	Phone:	Account Number:

### PERSONAL CREDIT INFORMATION

Name:	Title:	Address:	Social Security #:
Name:	Title:	Address:	Social Security #:

### BEVERAGE PRODUCTS DISTRIBUTOR INFORMATION

Beverage Distributor:	Phone:	Fax:	PI Macola #:
Distributor Contact:	Phone:	Fax:	Email:

I hereby authorize our banks, trades and personal credit references to release information to Parrot-Ice and/or its assignees.

**Customer Authorization Signature: X** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_