

NEPTUNE COLD STORAGE, LLC
CUSTOMER ACCOUNT APPLICATION AND AGREEMENT

Registered Business Name _____

Address (Street & P.O. Box, if applicable) _____

City _____ State _____ Zip Code _____

Billing Address (if different from above) _____

Phone # (_____) _____ Fax # (_____) _____

Type of Organization: _____ Corporation _____ Partnership _____ Sole Proprietor

Name & Addresses of Owners, Partners or Corporate Officers and their Titles:

CONTACTS: Production _____ Phone # (_____) _____

Accounting _____ Phone # (_____) _____

SALES TAX EXEMPTIONS _____

BANK REFERENCES

First Bank _____ Second Bank _____

Branch _____ Branch _____

Address _____ Address _____

Branch Manger _____ Branch Manager _____

Phone # (_____) _____ Phone # (_____) _____

Fax # (_____) _____ Fax # (_____) _____

Bank Account # _____ Bank Account # _____

(MUST BE COMPLETED) (MUST BE COMPLETED)

CREDIT REFERENCES

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City/State/Zip _____ City/State/Zip _____ City/State/Zip _____

Phone # (_____) _____ Phone # (_____) _____ Phone # (_____) _____

Fax # (_____) _____ Fax # (_____) _____ Fax # (_____) _____

Highest Credit \$ _____ Highest Credit \$ _____ Highest Credit \$ _____

Anticipated Dollar Volume Summer Months _____ Winter Months _____

The undersigned will immediately notify Neptune Cold Storage of any material change in the information provided above. The terms of payment shall be payable upon invoice date. Invoices not paid within 30 days are subject to late charges on the unpaid amount, at the rate of 1 1/2% per month. Neptune Cold Storage requires full payment before releasing the Product. The undersigned further understands that Neptune Cold Storage will not accept liability for damage incurred as a result of inventory being held for payment of services charges. The undersigned has read and understands the General Terms & Conditions.

Print Name _____ Title _____

Signature _____ Date _____