



Mastercool[®] Inc.
"World Class Quality"

**ALL INFORMATION MUST BE COMPLETED IN ITS ENTIRETY.
 FAILURE TO COMPLY WILL INHIBIT THE ABILITY TO PROVIDE CREDIT.**

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

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



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

SIGNATURE:	TITLE:	DATE:
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Please either email this application to Ms. Jan Testa at jant@mastercool.com, 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

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Fax: (973) 252-2455