



OPEN ACCOUNT AGREEMENT

COMPANY NAME _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

TELEPHONE# _____ FAX# _____

TYPE OF OWNERSHIP

CORPORATION PARTNERSHIP LIMITED LIABILITY CO LIMITED PARTNERSHIP SOLE PROPIETORSHIP

TYPE OF BUSINESS: _____ YEAR STARTED: _____

TAX EXEMPT: YES NO PURCHASE ORDER REQUIRED: YES NO

TAX EXEMPT NO. _____ ATTACH FORM TC721

OWNERS AND OFFICERS:

NAME AND HOME ADDRESS	TITLE	SS#
_____	_____	_____
_____	_____	_____

BANK NAME: _____ ACCOUNT NO: _____

ADDRESS: _____ PHONE NO: _____

TRADE REFERENCE REQUIRED:

- | | |
|----------|-----------------|
| 1. _____ | PHONE NO: _____ |
| 2. _____ | PHONE NO. _____ |
| 3. _____ | PHONE NO. _____ |

TERMS AND CONDITIONS:

ALL INVOICES ARE DUE IN FULL 30 DAYS FOLLOWING THE INVOICE DATE. AN ADDITIONAL 1.5% PER MONTH INTEREST IS CHARGED TO ALL ACCOUNTS NOT PAID WITHIN 30 DAY. IN THE EVENT OF DEFAULT, THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES AND COURT COSTS

ALL PAYMENTS ARE PAYABLE IN SALT LAKE COUNTY, UTAH. NO TERMS AND CONDITIONS HEREIN MAY BE CHANGED EXCEPT BY WRITTEN CONSENT OF CARRIER TRANSICOLD OF UTAH.

I/WE UNDERSTAND AND ACKNOWLEDGE AND ACCEPT CARRIER TRANSICOLD'S TERMS OF SALE AND CERTIFY THAT THE INFORMATION GIVEN HERIN IS TRUE AND CORRECT. I/WE HEREBY AUTHORIZE YOU OR YOUR AGENT/REPRESENTATIVE TO SECURE A CREDIT REPORT AND AGREE TO THE RELEASE OF INFORMATION. THIS AUTHORIZATION SHALL BE CONTINUING WITHOUR EXPIRATION AND A PHOTO/FAX COPY SHALL BE GIVEN THE SAME EFFECT AS THE ORIGINAL

COMPANY NAME: _____

BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____