



Mail Completed Application to:

Southern Refrigeration Corp.

Attn: Credit Department

PO Box 12646

Roanoke, Va 24027

or Fax to (540) 345-5416

CASH ACCOUNT INFORMATION SHEET

Business Information

Legal Name of Business _____

Street Address _____ City _____ State, Zip _____

Mailing Address (If different) _____ City _____ State, Zip _____

Business Phone _____ Fax # _____ Cell/Pager # _____

Contacts _____

Email Address _____ Current Business and/or Contractors License # _____

(Circle one or both)

Describe Type of Business and Work Performed _____

Business Type (Circle One): **Corporation** **Limited Liability Corp. (LLC)** **Proprietorship**
Partnership **Government**

Would you like to receive Sales Information from SRC by Email? Yes _____ No _____

- If Yes, please provide an email address if different from above: _____

Owner Signature Must Accompany Application ***Date***

Please Print Owner's Name

Please Attach the Following on Separate Sheets, if Applicable:

Tax Exemption Certificate - If your sales are to be exempt from Sales Tax

CFC Certification Cards - If you will be purchasing refrigeration products

For Internal Use Only - To be completed by Credit Department

Branch: _____ Account # _____