



**Fax: 210.653.2504**

**CREDIT APPLICATION FORM**

**Personal Guarantee:** I guarantee to be held responsible for completing the duties and obligations of this debt to Alamo Refrigeration, LP, the lender, in the event that the debtor or company fails to fulfill the terms of the debtor-lender contract.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Information

Company Name: _____	DBA: _____
Company Address: _____	City _____ ST _____ Zip: _____
Location of Equipment: _____	Date Business Started: _____
Contact Person: _____	Phone: _____ Fax: _____
Type of Business: _____	Corp./LLC/Sole Prop./Partnership (circle one)

Personal Information on all Owners, Officers & Partners

Name: _____ Title: _____	SSN: _____ Ownership %: _____
Home Address: _____	City _____ ST _____ Zip: _____
Name: _____	SSN: _____ Ownership %: _____
Home Address: _____	City _____ ST _____ Zip: _____

Business Checking Account & Trade References

Current Business Bank: _____	Open Date: _____ ACN#: _____
Bank Phone#: _____	Bank Contact: _____
Previous Bank (if less than 2 years): _____	Open Date: _____ ACN#: _____
Bank Phone#: _____	Bank Contact: _____

1. Trade Reference: _____ Address: _____	Phone: _____ FAX: _____ City _____ ST _____ Zip: _____
2. Trade Reference: _____ Address: _____	Phone: _____ FAX: _____ City _____ ST _____ Zip: _____
3. Trade Reference: _____ Address: _____	Phone: _____ FAX: _____ City _____ ST _____ Zip: _____
4. Trade Reference: _____ Address: _____	Phone: _____ FAX: _____ City _____ ST _____ Zip: _____

*By signing below, the undersigned individual, who is either a principal of the credit applicant or personal guarantor of its obligations, provides written instruction to Alamo Refrigeration, LP authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/w affirm my/our identity as the respective individual(s) identified in the above application.*

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_