



# NEW ACCOUNT SET UP



COMPANY INFORMATION					
Legal Business Name:		DBA:		Federal Tax ID:	
Billing Address:		City:	Country:	State:	Zip:
Shipping Address:		City:	Country:	State:	Zip:
Company Contact		Phone:	Email:		
Accounts Payable Contact:		Phone:	Email:		
Coolants Plus Sales Rep:	How would you like invoices sent: Emailed: _____ Mailed: _____		Where would you like invoices sent?		
Preferred Method of Payment (EFT Program Preferred): Credit Card: _____ Check: _____ Cash: _____ ACH: _____ EFT(Page 2): _____				Sales Tax Exempt (if "Yes" attach certificate) Yes: _____ No: _____	
How did you hear about us?			Year Business Started:	Credit Line Requested: \$	
BANK INFORMATION					
Bank Name:		Account #:	Phone #:	Email or Fax:	
Bank Address:		City:	Country:	State:	Zip:
CREDIT REFERENCES					
1) Company Name:		City:	Country:	State:	Zip:
Contact Person:		Phone:	Email or Fax:		
2) Company Name:		City:	Country:	State:	Zip:
Contact Person:		Phone:	Email or Fax:		
3) Company Name:		City:	Country:	State:	Zip:
Contact Person:		Phone:	Email or Fax:		
4) Company Name:		City:	Country:	State:	Zip:
Contact Person:		Phone:	Email or Fax:		
PLEASE READ					
<p>1. IF INDEBTEDNESS IS NOT PAID ACCORDING TO TERMS, A FINANCE CHARGE NOT TO EXCEED CEILING SET BY LAW WILL BE ADDED TO ACCOUNT AND AGREED TO PAY BY THE UNDERSIGNED.</p> <p>2. I PERSONALLY GUARANTEE PAYMENT OF ALL INDEBTEDNESS BY THE APPLICANT COMPANY IN THE EVENT OF DEFAULT.</p> <p>3. IN THE EVENT OF DEFAULT OR LITIGATION, APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION INCURRED BY</p>					
SIGNATURE OF AUTHORIZED OFFICER _____			DATE _____		

*Please send all completed forms to AR@CoolantsPlus.com or fax to 513-893-1101*

2570 Van Hook Avenue, Hamilton, OH 45015 // P: 513-892-4000 // F: 513-893-1101 // E: AR@CoolantsPlus.com



# EFT AGREEMENT



EFT INFORMATION		
I (we) hereby authorize COOLANTS PLUS, INC. to initiate debit/credit entries to my (our) Checking account on a 30 DAY EFT DRAFT indicated below at the depository named below, hereinafter called Depository, to debit/credit the same to such account.		
Depository Name:		Bank Name:
City:	State:	Zip:
Routing Number:		Account Number:
Would you like to Receive Draft Notices? Yes:                      No:		Remittance Email:
This authorization is to remain in full force and effect until COOLANTS PLUS, INC. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COOLANTS PLUS, INC. and DEPOSITORY a reasonable opportunity to act on it.		
PRINTED NAME OF AUTHORIZED OFFICER _____		
SIGNATURE OF AUTHORIZED OFFICER _____		DATE _____

NOTE: ALL WRITTEN DEBIT/CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ALL FEES AND SUBSEQUENT CHRGES DUE TO ANY INSUFFICIENT FUND DRAFTS WILL BE CHARGED BACK TO YOUR ACCOUNT.

DOCUMENT CHECKLIST	
<input type="checkbox"/>	SIGNED AND COMPLETED CREDIT APPLICATION
<input type="checkbox"/>	FORM W-9
<input type="checkbox"/>	TAX EXEMPTION CERTIFICATE (IF APPLICABLE)
<input type="checkbox"/>	EFT AGREEMENT COMPLETED AND SIGNED (IF APPLICABLE)

*Please send all completed forms to [AR@CoolantsPlus.com](mailto:AR@CoolantsPlus.com) or fax to 513-893-1101*