



125 SHERWOOD AVENUE  
 FARMINGDALE, NY 11735  
 Phone: 631-501-1452 Fax: 631-501-1453  
**1-888-COLD-PAK | [www.nortechlabs.com](http://www.nortechlabs.com)**

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**CREDIT APPLICATION**  
**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Nortech Labs to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title: Date:	Title: Date:
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### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Nortech Labs Inc to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize Nortech Labs Inc to charge my credit card  
(Name/Company Name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(Amount) (date)  
\_\_\_\_\_  
(Description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover  
Cardholder Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If payment is not made by due date of invoice, I authorize the Nortech Labs Inc to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.