



CARBONIC GROUP

PLEASE SEND TO: ATTN: CREDIT DEPT

2914 U.S. 301 North, Tampa, FL 33619

Ph: 813-626-2666 Fax: 813-627-0710

APPLICATION FOR CREDIT

OUR TERMS ARE NET 30

Tax Exempt Resale No: _____ Taxable Delivery P/U
 P/O required Product to be purchased _____

NAME OF FIRM OR INDIVIDUAL _____			TAX ID # _____	
BILLING ADDRESS _____			YEARS IN BUSINESS _____	
CITY _____	STATE _____	ZIP _____	AREA CODE _____	PHONE _____
SHIPPING ADDRESS _____				
CITY _____	STATE _____	ZIP _____		

HEREBY applies for credit in accordance with the terms and conditions of:

The Following information must be provided. It will be held in the strictest of confidence.

Corporation Partnership Individual (If Partnership or Individual please give SSN# _____).

1.	NAME(S) OF PRINCIPAL(S)/ TITLE _____	COMPLETE ADDRESS _____	PHONE _____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

BANK REFERENCE _____	ACCOUNT NO. _____	BANK OFFICER OR DEPT. _____
BANK ADDRESS _____	PHONE _____	FAX _____

TRADE REFERENCES:		
1. _____	PHONE _____	FAX _____
2. _____	PHONE _____	FAX _____
3. _____	PHONE _____	FAX _____
4. _____	PHONE _____	FAX _____

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand the credit terms and agree to the proper payment in consideration of extended credit. This authorizes Carbonic Group to verify all credit references.

(signed) _____ (Title) _____ (Date) _____

VERIFICATION:	Please do not write in this space
REFERENCES CHECKED BY _____	DATE _____
<input type="checkbox"/> Approved <input type="checkbox"/> Refused	

CARBONIC GROUP CREDIT POLICY STATEMENT

1. CARBONIC GROUP terms are Net 30 days. All accounts with a past due balance of more than sixty (60) days are put on C.O.D.
2. All problems or disputes must be submitted in writing to the Controller.
3. All past due accounts are subject to a SERVICE CHARGE of ONE AND ONE-HALF PERCENT (1 ½%) PER MONTH (18% PER ANNUM). If it becomes necessary to place your account with an attorney for collection, all costs incurred, including attorney fees of 25% of the amount owed, are paid by the customer.
4. All BOXES rented or loaned are property of CARBONIC GROUP and are entrusted to you during the rental or loan period.
5. Signed delivery tickets are considered accurate unless disputed in writing within ten (10) days from the date of delivery.
6. All payments on the open account are to be mailed to:

**CARBONIC GROUP
ATTN: A/R DEPT.
2914 US HWY 301 N.
TAMPA, FL 33619**

INDIVIDUAL PERSONAL GUARANTY

Date: _____

I, _____, residing at

For and in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company"), of which I am _____, hereby personally guarantee to you, CARBONIC GROUP the payment at 2914 US Hwy 301 N, Tampa, FL 33619, of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same within terms. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of this credit agreement hereby guaranteed.

Witness

Signature