

# Liks Ice Cream Credit Application

2039 East 13<sup>th</sup> Avenue  
Denver, CO 80206

Phone: (303) 282-5457  
Email: wholesale@likoicecream.com

The following information must be completed in full. All information provided will be held in strict confidence.

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Name of Firm: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ FAX #: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Please Check One:  Corporation  Partnership  Proprietorship  Other \_\_\_\_\_  
Business Started: \_\_\_\_\_ Number of years at present location: \_\_\_\_\_ FID #: \_\_\_\_\_

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Purchasing product for:  Resale Sale Tax #: \_\_\_\_\_ City Tax #: \_\_\_\_\_  
 Office Use Are you Tax Exempt? \_\_\_\_\_ Reason: \_\_\_\_\_  
 Organization Use

**Please attach copies of Sales Tax License(s) or Exempt Certification to this credit application.  
Appropriate sales tax must be charged on all invoices until copies are received.**

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### BANK REFERENCE: \* *The local bank you use.*

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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### TRADE REFERENCES: \* *Companies who extend you credit.*

1. Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
2. Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
3. Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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I certify that all information of this form is correct. I give permission to our bank and creditors to give **Liks Ice Cream** credit information.

If credit is granted (I)(We) promise to pay invoices within credit terms. All invoices are to be paid 15 days from the date of delivery. Claims arising from invoices must be made within 7 business days. There is also a \$25 returned payment fee for any declined checks/automatic withdrawals. (I)(We) understand that a service charge of 1.5% per month be added to (My)(Our) past due account. In the event payment is not made and (My)(Our) account is referred to a collection agency, (I)(We) will pay all costs of collection including, but not limited to, attorneys' fees and cost resulting from the action. (I)(We) agree that jurisdiction for any disputes will be in the State of Colorado, Colorado law will apply to all issues, and venue will be the City and County of Denver. (I)(We) agree if Liks Ice Creams grants credit, to comply with the above terms of credit. New customers are set up as COD or Due on Receipt until credit has been approved.

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### MUST BE SIGNED BY A PRINCIPAL OR OFFICER OF THE COMPANY

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_