



**GLACIER OZONE DEALER APPLICATION**

**BILLING INFORMATION**

**SHIPPING INFORMATION**

SAME AS BILLING

NAME:

NAME:

ADDRESS:

ADDRESS:

CITY:

CITY:

STATE, ZIP:

STATE, ZIP:

PHONE:

PHONE:

EMAIL:

EMAIL:

INVOICE PREFERENCE (CIRCLE ONE):

MAIL OR EMAIL

YEARS IN BUSINESS:

PLEASE CIRCLE ONE:

CORPORATION

PARTNERSHIP

SOLE PROPRIETOR

TAX I.D. #

RESALE TAX #:

OWNERS NAME:

ACCT. PAY. NAME:

PO REQUIRED:

YES / NO

BANK NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE::

CONTACT:

TITLE:

**TRADE REFERENCES**

1.

Phone:

Fax:

2.

Phone:

Fax:

3.

Phone:

Fax:

How Did You Hear About Us?

To the best of our knowledge, the above information is complete and accurate and can therefore be relied upon in establishing our credit worthiness. It is understood and agreed that our terms are Net 30-Days. It is further understood and agreed that in the event any invoices are not paid when due that the applicant will pay a service charge of 1.5% per month from the due date, the sellers costs of collection, reasonable attorney fees and court costs until the invoices are paid in full.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMIT COMPLETED APPLICATION TO: [K.THOMPSON@GLACIEROZONE.COM](mailto:K.THOMPSON@GLACIEROZONE.COM) OR FAX: 253-288-8434

Tel: 253-737-8003 • Payment Remittance: PO Box 348, Auburn, WA 98071  
[www.glacierozone.com](http://www.glacierozone.com)