

Custom Ice Inc. Dealer/Agent Application Form

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BANK REFERENCES:

Reference #1

Account #: _____

Bank Name: _____

Address: _____

Phone: () _____ Contact: _____

Reference #2

Account #: _____

Bank Name: _____

Address: _____

Phone: () _____ Contact: _____

The undersigned represents that the above information is complete and true. The undersigned authorizes **Custom Ice Inc.** to make such credit investigation as **Custom Ice Inc.** requires, including, but not limited to, contacting the above listed references, banks and obtaining credit reports. The undersigned also authorizes all listed references, banks and credit reporting agencies to disclose **Custom Ice Inc.** any and all information concerning the financial and credit history contained herein.

Name (Please Print)

Title

Signature

Date

Witness (Please Print)

Signature

Date

Please print and complete the above form in its entirety and mail, together with **\$50.00 application fee**, to Jodi Kershaw **Custom Ice Inc.** at **C2-3375 North Service Rd., Burlington, Ontario, Canada L7N 3G2**. Alternatively, fax or email the completed application along with your credit card information to Jodi Kershaw at **jkershaw@customicerinks.com** or Fax # **(905) 632-6723**.

VISA M/C AMEX _____

Exp. _____ / _____
M Y