



Dear Valued Customer,

Thank you for trusting RSG with your business. We appreciate the opportunity to work with you. Please provide the following items to your RSG point of contact to complete your customer profile. We will need these to move forward with your project(s).

- Completed Customer Credit Application, signed and dated
- A copy of your Resale Certificate (**please confirm if applicable to you – this will affect your invoiced sales tax**)
- A copy of your most recent financial statements

We have also included our remittance information in this packet. We look forward to receiving the above listed customer profile documents back. Please feel free to reach out to us with any questions.

Thank you,

RSG Team



Application For Credit

Refrigerated Solutions Group
Credit Department
908 Highway 15 North
New Albany, MS 38652
662-539-4408

Customer Accounts Payable Portal Requirement? Yes No
If Yes, Website _____

This Application For Credit is for the following Refrigerated Solutions Group brand(s): Master-Bilt Norlake

1. COMPANY INFORMATION

Business Name/(DBA): _____
Year Started: _____
Parent Company: _____
Are you a Buying Group member? Yes No If Yes, please note group: _____
Phone (xxx-xxx-xxxx): _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Physical address: _____
City: _____ State: _____ Zip: _____
Billing address (if different from physical): _____
City: _____ State: _____ Zip: _____
AP Name/Title: _____
Phone (xxx-xxx-xxxx): _____
Email: _____
Dedicated Invoice Email: _____
Order Acknowledgment Email: _____
Time Zone: _____
State Resale Number(s): _____
DUNS: _____ # _____
Website: _____

Please send copies of all resale certificates

RSG requires your resale or exemption certificate in accordance with state tax authorities (may not substitute seller's permit)

I am including my resale certificate OR I agree to pay tax on my shipment

Business Type: _____
President/Owner: _____
VP of Finance/CFO: _____
Sec/Treasurer: _____
Credit Limit Requested: \$ _____
(Please send complete financials for orders over \$50,000)



Financials may be sent confidentially to bjohnston@refsg.com.

2. TRADE INFORMATION (please list your largest suppliers)

Company _____ Contact _____

Acct # _____ Email* _____ Phone (xxx-xxx-xxxx) _____

Company _____ Contact _____

Acct # _____ Email* _____ Phone (xxx-xxx-xxxx) _____

Company _____ Contact _____

Acct # _____ Email* _____ Phone (xxx-xxx-xxxx) _____

3. BANKING INFORMATION

Bank Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Please provide current financial statements (certified if available)

4. TERMS AND CONDITIONS

I/we understand that Refrigerated Solutions Group terms are Net 30 days from date of invoice and I/we agree to pay all debts within terms. I/we acknowledge that my/our failure to pay within terms may result in (1) interest added to delinquent invoices at the rate of 1-1/2% per month (18% annual rate), or at the maximum rate of interest allowed by law, whichever is less and/or (2) suspension of shipping on any and/or all products of the Refrigerated Solutions Group companies represented by this application for credit. Credit limits assigned on this application may be adjusted at any time and at the sole discretion of Refrigerated Solutions Group in consideration of total credit exposure. It is understood that the approval of credit for the Refrigerated Solutions Group company applied to with this application does not automatically indicate open account with any other Refrigerated Solutions Group Company. Separate credit applications may be required for each Refrigerated Solutions Group Company. I/we further agree to pay reasonable collection costs and or attorney fees incurred in connection with the collection of this account. I/we are authorized to sign this application for credit on behalf of the applicant. I/we certify that everything stated on this application is true and correct to the best of my/our knowledge.

Name _____ Printed _____

Title _____ Date _____



For Internal Use Only

Change or Add

NL Customer Number: _____

MB Customer Number: _____

Customer Multiplier: _____

MAFSI: _____

Rebate Code: _____

Rep Territory Number and Name: _____

RSM Territory Number and Name: _____

Customer Group: _____

Customer Profile Completed in System By: _____

Customer Accounts Payable Portal Requirement? Yes No

If Yes, Website _____

Portal Contact Email: _____

Dedicated Invoice Email: _____

Order Acknowledgment Email: _____

Buying Group Name _____