



HH Technologies, Inc. – A/K/A Polar Cool
 P.O. Box 99
 Bremen, AL 35053
 Phone 256-287-7000 x1120
 Fax 256-887-3849

Credit Application

Date _____ Amount of Trade Credit Requested _____
 Legal Business Name _____ Phone _____
 Fax _____ E-Mail _____
 Address: Street _____ City _____ State _____ Zip Code _____
 For past _____ years
 Shipping Address: Street _____ City _____ State _____ Zip Code _____
 D/B/A _____ Federal Tax ID Number _____
 Type of Business _____ Date Established _____
 Does state, county or city require a license? Yes _____ NO _____
 If YES, License # _____
 Ownership: Sole Owner: YES _____ NO _____ Partnership: YES _____ NO _____
 Corporation: YES _____ NO _____ If YES (Include State Incorporated) State: _____
 Principal: Name _____ Title _____ SS# _____
 Home Address: Street _____ City _____ State _____ Zip Code _____
 Principal: Name _____ Title _____ SS# _____
 Home Address: Street _____ City _____ State _____ Zip Code _____
 Principal: Name _____ Title _____ SS# _____
 Home Address: Street _____ City _____ State _____ Zip Code _____
 Principal: Name _____ Title _____ SS# _____
 Home Address: Street _____ City _____ State _____ Zip Code _____

Trade References : (Name suppliers of major products and services other than landlord, utility Companies, or financial institutions)

Name	Address
(1) _____	Street _____ City _____ State _____ Zip Code _____ Phone _____
(2) _____	Street _____ City _____ State _____ Zip Code _____ Phone _____
(3) _____	Street _____ City _____ State _____ Zip Code _____ Phone _____
(4) _____	Street _____ City _____ State _____ Zip Code _____ Phone _____

Bank References: Checking Savings Loan
 Name _____ Street _____ City _____ State _____ Zip
 Code _____ Acct# _____
 Contact _____
 Bank References: Checking Savings Loan
 Name _____ Street _____ City _____ State _____ Zip
 Code _____ Acct# _____
 Contact _____

Bank References: Checking Savings Loan
Name _____ Street _____ City _____ State ____ Zip
Code _____ Acct# _____
Contact _____

Has the firm or any of its principals ever been bankrupt? YES NO
If yes, Explain: _____

Mortgage Holder/Landlord
Address: Street _____ City _____ State ____ Zip Code _____ Phone

Applicant agrees to pay any collection cost incurred to collect the amount balance, including reasonable attorney's fees.

The undersigned agrees to submit a financial statement if requested by HH Technologies, Inc.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. HH Technologies, Inc. is hereby authorized and granted permission to receive information from credit reporting agencies regarding the company's credit history and/or the personal credit history of any or all of the principals, owners, officers, guarantors or signatories named herein.

Personal Guaranty

In consideration of credit being extended by HH Technologies, Inc. to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to HH Technologies, Inc. the faithful payment, when due, of all accounts of said applicant for purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guaranty, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by HH Technologies, Inc. extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guaranty. Any revocation of this guaranty shall be in writing and delivered to HH Technologies, Inc.

Name _____ Name _____

Name _____ Name _____

DIGITAL SIGNATURE

DIGITAL SIGNATURE

CREDIT DEPARTMENT USE ONLY

Date line of credit approved _____

Date line of credit denied _____