



Location Application

Location Name:			
Contact Name:		FEI:	
Address:			SSN:
City:	State:	Zip Code:	DUNNS:
Business Phone Number: () -		Mobile Phone Number: () -	
Fax Number: () -		Emergency Contact Number: () -	
E-Mail :		Website:	
Description of Business:			
Annual Average Vends per Day		Peak Vends per Day	
Area Served (By ZIP CODE)			
Credit Information			
Bank References			
Name:		Telephone Number:	
Contact Name:		Fax Number:	
Address:		Account Number:	
City:	State:	Zip Code:	
Email Address:			
Name:		Telephone Number:	
Contact Name:		Fax Number:	
Address:		Account Number:	
City:	State:	Zip Code:	
Email Address:			
Credit References			
Name:		Telephone Number:	
Contact Name:		Fax Number:	
Address:		Account Number:	
City:	State:	Zip Code:	
Email Address:			
Name:		Telephone Number:	

Contact Name:	Fax Number:	
Address:	Account Number:	
City:	State:	Zip Code:
Email Address:		
Name:	Telephone Number:	
Contact Name:	Fax Number:	
Address:	Account Number:	
City:	State:	Zip Code:
Email Address:		
Insurance and Bonding		
Insurance:		
<i>Attach a Copy of the Certificate of Insurance</i>		
Bonded:		
<i>Attach a Copy of the Bond</i>		
Location Corporate Contacts		
Name: _____, CEO	Telephone Number:	
Address:	Fax Number:	
City:	State:	Zip Code:
Email Address:		
Name: _____, CFO	Telephone Number:	
Address:	Fax Number:	
City:	State:	Zip Code:
Email Address:		
Name: _____, Corp. Contact	Telephone Number:	
Address:	Fax Number:	
City:	State:	Zip Code:
Email Address:		

READ STATEMENT BEFORE SIGNING:

The information that I have provided on the application is correct. I authorize Ice Machines International, Inc. (IMI) to verify the information that I have provided. IMI has my express authorization to contact any person, financial institution or business listed on the Location Application form. This information may be shared with other companies and individuals to assist in matching locations with investors, financing and vending service operators. This form is an application for a program machine and may be rejected if I fail to qualify or if any information I provided is found to be false.

Name: _____
PLEASE PRINT

Date: ____/____/____

Signature: _____

Title: _____