



### Vending Operator Application

VO Name:		Date of Org:	FEI:
Contact Name:		Date of Birth:	SSN:
Address:		DUNS:	
City:		State:	Zip Code:
Business Phone Number: (        )		Mobile Phone Number: (        )	
Fax Number: (        )		Emergency Contact Number: (        )	
E-Mail :		Website:	
Description of Business:			
No. of Employees:		Area Served (By ZIP CODE)	
Certificate of Insurance:		Attach a Copy of the Certificate of Insurance	
Bonded:		Attach a Copy of the Bond	
Are you a member of NAMA? <input type="checkbox"/> YES <input type="checkbox"/> NO   If a member of another organization, please list below.			
Have you ever been convicted of a crime resulting in a fine of more than \$100.00? <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, Attach Explanation.			
Have you ever been convicted of a crime resulting in incarceration? <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, Attach Explanation.			
By signature, applicant agrees to voluntary drug testing.			
		_____	_____
		<i>Signature</i>	<i>Date</i>
<b>Please select the designation you prefer and enclose check payable to Ice Machines International, Inc.</b>			
<input type="checkbox"/> \$500.00 Authorized ICEQIK® Vending Operator <sub>SM</sub> (VO Name above)			
<input type="checkbox"/> \$750.00 Certified ICEQIK® Vending Professional <sub>SM</sub> (VO Name and Contact Name above)			
<input type="checkbox"/> \$250.00 Additional Certified ICEQIK® Vending Professional <sub>SM</sub> at same authorized location (Contact Name above)			
<b>If you prefer to pay by credit card, please complete the following credit card authorization.</b>			
Card Type _____		Number _____	
Name on Card _____		Expiration Date _____	
Billing Address _____		Code on Back _____	
Authorized Signature _____		Amount to Charge \$ _____	
<b>PLEASE READ STATEMENT BEFORE SIGNING:</b>			
The information that I have provided on the application is correct. I authorize Ice Machines International, Inc. to verify all information that I have provided. Ice Machines International, Inc. has my express authorization to contact any person, financial institution or business to verify personal, business, financial and criminal records.			
This form is an application to provide business services identified by the service mark and may be rejected solely at the discretion of Ice Machines International, Inc. if I fail to qualify or if any information I provided is found to be false.			
I have read the ICEQIK® Vending Operator Program Agreement and accept its terms and conditions			
Name: _____		Date: ____/____/____	
PLEASE PRINT			
Signature: _____			

**References**

**Bank Reference**

Name:	Telephone Number:	
Contact Name:	Fax Number:	
Address:	Account Number:	
City:	State:	Zip Code:
Email Address:		

**Supplier 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:		

**Customer 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:		