



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail for Invoices:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

EIN:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid according to the agreed terms on the invoice or within 30 days if not otherwise specified.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Alliance North America, Inc to create a purchase account for your company and to make inquiries into your credit, as well as the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date:

PLEASE INCLUDE A COPY OF YOUR RESALE CERTIFICATE.