



Office Use Only:

Account No: _____

Credit Limit: _____

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name:		DBA:	
Company address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Date business commenced:		Federal tax ID:	
Place of incorporation:		Reseller permit:	
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other:
Principal name:			
Principal address:		Phone:	
City		State:	ZIP Code:
Principal name:			
Principal address:		Phone:	
City:		State:	ZIP Code:

REFERRAL

Company name:	
Contact name:	Phone:

BUSINESS AND CREDIT INFORMATION

Bank name:		Account Officer:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Other:
Account number:			

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. Claims arising from invoices must be made within seven working days.
2. By submitting this application, you authorize Alphalite Inc. to make inquiries into the banking and business/trade references that you have supplied.
3. By signing below, you acknowledge that the information provided on this form and any attachments/ supplements is correct.

REMARK

Amount of Credit Requested: _____

SIGNATURES

Signature: _____

Title: _____

Print name: _____

Date: _____