ALLIANCE
ELEVATOR SOLUTIONS

CREDIT APPLICATION

Applicant Information:

Company Name: _____ Company Telephone: _____

Company Address: _____

Owner/Officer Name: _____ Title: _____ Alt Phone/Cell/Ext: _____

Business Start Date: _____ ☐ Proprietorship ☐ Partnership ☐ Corporation

Sales Tax Exempt #: _____ (If Applicable)

If you are tax exempt, please attach a copy of your current certificate for our records.

Billing Information:

Billing Address: _____ Accounts Payable Contact Email: _____

Accounts Payable Contact Name: _____ Accounts Payable Contact Phone Number: _____

Banking Information:

Bank Name/Phone Number: _____

Address: _____

Banking Contact Person: _____

Trade References:

Name: _____ *Reference 1*

Address: _____

City/State: _____

Phone: _____

Email: _____

Name: _____ *Reference 2*

Address: _____

City/State: _____

Phone: _____

Email: _____

Name: _____ *Reference 3*

Address: _____

City/State: _____

Phone: _____

Email: _____

TERMS:

New Customers: Terms are 50% due to release to manufacturing, balance due prior to shipment. These terms will apply to ALL orders placed until two orders have shipped and good credit terms have been established. Invoice terms are net 45 days, or release to manufacturing/shipment, whichever is sooner. Freight will be billed separately. Invoices not paid within 45 days of invoice date will be assessed a finance charge of 2% per month or the maximum allowable under Pennsylvania law up to 2%. All new accounts with past due invoices over 45 days will automatically be ship cash in advance basis for ALL orders and relinquish their privilege to credit until satisfactory credit has been restored.

Officers Initials: _____

I understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I further understand and agree that all accounts or monies due to Alliance Elevator shall be paid in accordance with the Approved Credit Terms stated above and if purchaser fails to pay in a timely manner, and Alliance is required to employ third parties to collect any outstanding balance, purchaser will be responsible for all costs incurred by Alliance in doing so, including, but not limited to reasonable attorney's fees should Alliance be successful in litigation. Accordingly, all disputes arising out of non-payment shall be governed by the law of the Commonwealth of Pennsylvania, and all parties here to consent to and only to the jurisdiction of the Circuit Court for Franklin County, Pennsylvania to resolve all such disputes. I authorize investigation of all credit references listed.

Owner/Officer/Authorized Person: _____ Title: _____ Date: _____

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