

Applicant Information:					
ompany Name: Company Tele					
Company Address:					
Owner/Officer Name: Ti		Alt Phone/Cell/		xt:	
Business Start Date:		Proprietorship	Partnership	Corporation	
Sales Tax Exempt #:				(If Applicable)	
Dilling Information	If you are tax exempt, please att	ach a copy of your current certificate for our	records.		
Billing Information:			. =		
			yable Contact Email:yable Contact Phone Number:		
Accounts Payable Contact Name:		Accounts Payable Conta	act Phone Number:		
Banking Information:		TEF	RMS:		
Bank Name/Phone Number:		Ne	w Customers: Terms	are 50% due to	
Address:		release to manufacturing, balance due			
Banking Contact Person:		prior to shipment. These terms will apply			
Total Defende		to ALL orders placed until two orders have			
Trade References:		shi	pped and good credit	terms have been	
Name:	established. Invoice terms are		s are net 45 days,		
Address:	of release to manufacturing/sinpine				
City/State:		wh	ichever is sooner. Fre	ight will be billed	
Phone:		sep	arately. Invoices not p	aid within 45 days	
Email:		of i	nvoice date will be as	sessed a finance	
Name:	Reference 2		— charge of 2% per month or the maximum		
Address:		allo	allowable under Pennsylvania law up to 2%.		
City/State:			new accounts with pa		
			over 45 days will automatically be ship		
Email:			sh in advance basis fo		
Name:	Reference 3		nquish their privilege		
Address:			isfactory credit has be		
City/State:					
Phone:		Offi	cers Initials:		
Email:					
I understand and agree that the information provide Alliance Elevator shall be paid in accordance with the parties to collect any outstanding balance, purchaser Alliance be successful in litigation. Accordingly, all dis consent to and only to the jurisdiction of the Circuit (Approved Credit Terms stated a will be responsible for all costs is sputes arising out of non-payme	bove and if purchaser fails to pay in a ncurred by Alliance in doing so, inclu nt shall be governed by the law of the	a timely manner, and Alliance Iding, but not limited to reason e Commonwealth of Pennsylva	is required to employ third able attorney's fees should ania, and all parties here to	
Owner/Officer/Authorized Person:		Title:	Date:		