



Alliance Material Handling

3324 E. Atlanta Ave., Phoenix, AZ 85040

(602) 386-1850 Accounting: Isalter@alliance-ind.com

Title: _____

Company Name: _____

Phone: _____ Fax: _____ E-mail: _____

Registered Company Address: _____

City: _____ State: _____ Zip Code: _____

Date Business Commenced: _____

Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

Business and Credit Information

Primary Business Address: _____

City: _____ State: _____ Zip Code: _____

How Long at Current Address: _____

Phone: _____ 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 10 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Alliance Material Handling to make inquiries into the banking and business / trade references that you have supplied.

Signatures

Title: _____ Title: _____

Date: _____ Date: _____

Please complete form and fax to 602-386-1851