

ALLIANCE MATERIAL HANDLING

3324 EAST ATLANTA AVE.

PHOENIX, AZ 85040

PHONE: 602-386-1850

CREDIT APPLICATION

Legal Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email For Accounting: _____

Ship to Address: _____ City: _____ State: _____ Zip: _____

Annual Sales: _____ Accounting Contact: _____

Line of Credit Requested: _____ Type of Business: _____ How Long in Business: _____

BUSINESS INFORMATION

Corporation President _____

Vice President: _____

Secretary/Treasurer: _____

Sole Proprietorship Owner _____

Partnership Partner _____

Partner _____

BANKING INFORMATION

Bank _____ Branch _____ Phone _____

Address: _____ City: _____ State: _____ Zip: _____

Officer: _____ Bank Account Number: _____

I _____ hereby authorize above named bank to release information requested for the purpose of obtaining line of credit with Alliance Material Handling.

Signed: _____ Title: _____ Date: _____

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TRADE REFERENCES

1. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Contact: _____
Phone: _____ email: _____ Fax: _____
2. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Contact: _____
Phone: _____ email: _____ Fax: _____
3. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Contact: _____
Phone: _____ email: _____ Fax: _____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We authorize Alliance Material Handling to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT TERMS: NET 10 DAYS

CHANGE OF OWNERSHIP: I/We understand that we must notify Alliance Material Handling in writing and by certified mail of any change of ownership of business or change of business structure under which credit has been established.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney's fees and/or costs of collection, whether or not suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY

AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Firm Name: _____

By: _____ Title: _____

Please complete form and email to: ar@alliance-ind.com