



Alphalite Inc.

Office Use Only:

Account No: _____

Credit Limit: _____

Approved by: _____

CREDIT APPLICATION

- New Account
- Add Location/Branch
- Increase Credit Limit

BUSINESS 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:
Billing Address (If different from company address):			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Principal name:			
Principal address:		Phone:	
City	State:	ZIP Code:	
Principal name:			
Principal address:		Phone:	
City:	State:	ZIP Code:	

REFERRAL	
Company name:	
Contact name:	Phone:

BANK 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 Alphasite 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: _____ Print name: _____	Title: _____ Date: _____
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