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### Credit Application

Sales Representative: \_\_\_\_\_

Business Name: \_\_\_\_\_ Line of Credit Requested: \$ \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ For past: \_\_\_\_\_ years

Shipping Address: \_\_\_\_\_

D/B/A: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Former Business Address (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_ How long in business \_\_\_\_\_

Mortgage holder/Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Does your business require Purchase Order numbers?: Yes \_\_\_ No \_\_\_

Does State, County or City require a License?: Yes \_\_\_ No \_\_\_ If yes, License #: \_\_\_\_\_

**OWNERSHIP:** \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation

**PRINCIPAL:** \_\_\_\_\_  
(NAME) (Title) (SS#)

**PRINCIPAL:** \_\_\_\_\_  
(NAME) (Title) (SS#)

#### TRADE REFERENCES:

1. \_\_\_\_\_  
(NAME) (City) (State)

\_\_\_\_\_  
(Phone #) (Fax #)

2. \_\_\_\_\_  
(NAME) (City) (State)

\_\_\_\_\_  
(Phone #) (Fax #)

3. \_\_\_\_\_  
(NAME) (City) (State)

\_\_\_\_\_  
(Phone #) (Fax #)

#### BANK REFERENCE:

\_\_\_\_\_  
(NAME) (Address) (Acct #) (Contact)

No. of Employees: \_\_\_\_\_ Est. Annual Sales: \_\_\_\_\_ Sales Area: \_\_\_\_\_

#### ACCOUNTS PAYABLE CONTACT:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**altE®**  
330 Codman Hill Rd  
Boxborough, MA 01719  
T: 1.978.562.5858  
F: 1.978.562.5854  
sales@altdirect.com  
**www.altEdirect.com**  
and  
**www.altEstore.com**



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### Credit Application (cont'd)

Has the firm or any of it's principals ever been Bankrupt?:  Yes  No

If Yes, explain: \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed of Net 21 (unless otherwise noted) and agrees to pay a service charge per month of 1½% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Print Name) (Title) (Signature)

\_\_\_\_\_  
(Print Name) (Title) (Signature)

### Personal Guarantee

In consideration for altE® extending credit to the business identified below for materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to altE® by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between altE® and the business. altE® shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by altE®.

This guaranty shall continue in force notice in writing, sent by registered or certified mail, return receipt requested is received by altE®. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Name of person guaranteeing payment, NO TITLE)

Home address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature of person guaranteeing payment: \_\_\_\_\_

Name of Business whose account is guaranteed: \_\_\_\_\_

#### CREDIT DEPARTMENT USE ONLY

Line of Credit: Approved / Denied Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Please FAX completed form to: 978.562.5854

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