



Business Credit Application
Upon completion please forward the form
either by fax or email to the following:
Fax: (844) 677-8531

Business Information

Ownership: Sole Proprietorship Partnership Corporation Other (specify)

Company Name _____

Mailing Address _____

City _____ State _____ Postal Code _____

Shipping Address _____

City _____ State _____ Postal Code _____

Business Phone _____ Business Fax _____ Mobile _____

Company Officers, Partners, Principles

Name _____ Title _____

Residence Address _____

Home Phone _____ Drivers License _____

I hereby consent to and authorize the use of a consumer credit report by Alaska Materials to assist us in determining your companies credit worthiness.

Please Sign Here

Printed Name

Title

Date

Name _____ Title _____

Residence Address _____

Home Phone _____ Drivers License _____

I hereby consent to and authorize the use of a consumer credit report by Alaska Materials to assist us in determining your companies credit worthiness.

Please Sign Here

Printed Name Title Date

Name _____ Title _____

Residence Address _____

Home Phone _____ Drivers License _____

I hereby consent to and authorize the use of a consumer credit report by Alaska Materials to assist us in determining your companies credit worthiness.

Please Sign Here

Printed Name Title Date

Trade References

Company Name _____ Contact _____

Address _____

Telephone _____ Fax _____

Company Name _____ Contact _____

Address _____

Telephone _____ Fax _____

Trade References continued

Company Name _____ Contact _____

Address _____

Telephone _____ Fax _____

Company Name _____ Contact _____

Address _____

Telephone _____ Fax _____

Company Name _____ Contact _____

Address _____

Telephone _____ Fax _____

Accounts Payable Information

Accounts Payable Contact _____ A/P Phone _____

A/P Email _____

Bonding Company _____ Bond # _____

Contractors License # _____ Expiration Date _____

Type of Business _____ Years in Business _____

of Employees _____ Annual Sales _____

Monthly Rental/Mortgage Payment _____ Location Owned Leased

Duns & Bradstreet # _____ Financial Statement Yes (please attach) No

Purchase for Resale Yes (Attach permit) No

Bank Reference 1

Name _____ Account # _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Contact _____

Bank Reference 2

Name _____ Account # _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Contact _____

Bank Reference 3

Name _____ Account # _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Contact _____

Payment is due according to the terms set forth on the invoice, unless the parties agree to other terms. If Buyer fails to pay any sum owed hereunder when due, interest shall accrue to AM's credit on such sum at the rate of 18% A.P.R or the highest rate allowed by law, whichever is lower-minimum monthly charge \$5. If AM, in its sole discretion, finds it necessary to employ an attorney to collect any past due sum owed hereunder, it it may collect, in addition to any other sum owed hereunder, a reasonable attorney's fee.

Name of Business

Date Signed

Print Name/Title

Signature

Personal Guarantee for Personal/Corporate/Limited Liability Accounts

In consideration of the extension of business to the above firm at my/our request, I/we hereby personally guarantee the payment of all ti obligations to Alaska materials, to include all costs of collection fees. I/we waive notice of acceptance of the guarantee, notice of sale of merchandise sold by Alaska Materials to the individual/firm designated above and notice of default I/we consent to the extension of time of payment of th indebtedness of any portion thereof.

Print Name/Title

Print Name/Title

Signature

Signature

Date

Date