



ALASKA INDUSTRIAL HARDWARE, INC.

2192 VIKING DRIVE, ANCHORAGE, AK 99501 PHONE: (907) 276-7201 FAX: (907) 279-1543

TOLL FREE: 1-800-478-7201

CREDIT APPLICATION

FIRM NAME: _____ DATE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE: _____ FAX: _____

ALASKA BUSINESS LICENSE: _____

LOCAL & PHYSICAL ADDRESS (Do not give P.O. Box or SRA address)

NATURE OF BUSINESS _____

BUSINESS IS A (circle one) Corporation - Partnership - Sole Ownership

HOW LONG HAS YOUR BUSINESS BEEN IN OPERATION?

YEARS: _____ MONTHS: _____

OFFICERS & / OR NAMES OF OWNERS

NAME	SOCIAL SECURITY NO.	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK: _____ BRANCH: _____

IS YOUR FIRM BONDED: YES NO (Circle one)

BONDING CO: _____

LOCAL AGENT: _____ PHONE: _____

ADDRESS: _____

FOR OFFICE USE ONLY

Account no. _____

Account type _____

Limit _____

AIH Sales Rep _____

Accounting Code _____

Approved by _____

Date Approved _____

SIC Code _____

*** **NOTE:** TO EXPEDITE PROCESSING YOUR REQUEST FOR CREDIT, YOU MAY FAX A COPY OF THE COMPLETED APPLICATION DIRECT TO OUR CREDIT DEPARTMENT AT 1-907-279-1543. HOWEVER SIGNED ORIGINALS MUST ALSO BE SUBMITTED TO : 2192 VIKING DRIVE, ANCHORAGE ALASKA 99501

ARE PURCHASE ORDERS REQUIRED: _____

LIST PERSONS AUTHORIZED TO OBLIGATE ACCOUNT: _____

Do you want (Check one or both) STATEMENTS _____ INVOICES _____ Mailed to your billing address

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆ **PERSONAL AND INDIVIDUAL GUARANTEE** ☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

The undersigned states that he, she, or they understand the contents of this document. The undersigned agree to be personally and individually liable to ALASKA INDUSTRIAL HARDWARE, INC. for all debts that have been incurred by their firm, corporation, partnership or other entity represented. The undersigned agree that if the debts incurred by the business entity are not paid in full within forty-five (45) days from the date the items are purchased, they are immediately and individually liable for the debts plus all interest and carrying charges, attorney fees and collection costs. The undersigned further agree that only in consideration of their signing this agreement of personal liability has credit been extended to the business entity. The undersigned further understand that if the debt remains unpaid for forty-five (45) days after the date of purchase, that there is a late charge of 1-1/2% per month (18% per annum). If the rate of 1-1/2% per month (18% per annum) is prohibited by applicable law, then the rate charged on the unpaid balance shall be the highest rate allowed by law. The undersigned further understands they will not be individually mailed copies of the billing or invoices of the business entity. The undersigned further agree to give thirty (30) days notice of cancellation of this agreement in writing and that ALASKA INDUSTRIAL HARDWARE, INC. may cancel credit to the business entity if any one signatory withdraws their guarantee. The undersigned further agree to give notice of any change in address within 30 days of the address change.

I have read the above and understand and agree to individually guarantee my business entity's debt in full.

Dated this _____ day of _____, 20_____

Please sign as individuals - Do not include titles

SIGNATURES OF OWNERS / OFFICERS REQUIRED (AS INDICATED ON FRONT PAGE)

PRINTED NAME

SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR

PRINTED NAME

SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR

PRINTED NAME

SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR

CREDIT REFERENCES

(Fill out completely)

1. Applicant hereby gives permission to ALASKA INDUSTRIAL HARDWARE, INC to make any inquires deemed necessary to make a credit determination. Applicant also authorizes the following references to release the requested information on my account for credit purposes.
2. If possible, use local business references. These will help expedite the processing of your application.
3. We are unable to use any personal credit references such as Penney's, Sears, or Oil and Utility Companies.
4. Costs of processing, billing, and handling an account with charges of less than \$25.00 per month are prohibitive. We recommend you use bank cards (Visa or Mastercharge) for these retail type purchases.
5. If you have no references other than bank, etc., contact our credit dept.

ACCOUNT NO. _____

FIRM NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

ACCOUNT NO. _____

FIRM NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

ACCOUNT NO. _____

FIRM NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

ACCOUNT NO. _____

FIRM NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

FOR OFFICE USE ONLY

PERSON CONTACTED _____

DATE ACCT. OPENED _____

WITHIN LAST 12 MONTHS _____

HIGH BALANCE

CURRENT BALANCE _____

PAYING HABITS/RATING _____

PERSON CONTACTED _____

DATE ACCT. OPENED _____

WITHIN LAST 12 MONTHS _____

HIGH BALANCE

CURRENT BALANCE _____

PAYING HABITS/RATING _____

PERSON CONTACTED _____

DATE ACCT. OPENED _____

WITHIN LAST 12 MONTHS _____

HIGH BALANCE

CURRENT BALANCE _____

PAYING HABITS/RATING _____

PERSON CONTACTED _____

DATE ACCT. OPENED _____

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HIGH BALANCE

CURRENT BALANCE _____

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