



Credit Application

Alliance Contact Name: _____

Return To:
Credit Department
Fax #301-497-2690

Company Name: _____

Billing Address: _____ Invoicing Email: _____

City: _____ State: _____ Zip Code: _____ Phone No: _____

Please provide Ship to Address or Address where work will be performed if different than above:

Full Name of Owner (s) (or an authorized officer of Corporation). List home address & zip code for Partnership or Individual

Federal Tax I.D.# _____ Date Started _____ PO Required? _____

Accounting Contact Name _____ Accounting Phone# _____

Accounting Fax # _____ D&B Number _____

Accounting Contact Email Address _____

Tax Exempt: Yes ___ or No ___ If yes, please attach tax exempt certificate.

Circle One: Individual Partnership Corporation LLC

Estimated Annual Sales\$ _____

Own or Rent Building: _____ If Rent, from Whom: _____

Job Site: Contractor or Owner: _____

Trade References		
Name	Phone No.	Email
1) _____		
2) _____		
3) _____		
4) _____		
Name of Bank _____	Contact _____	
Street Address _____	Account # _____	
City _____	State _____	Zip Code _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to who this application is made, to investigate the above references listed pertaining to my/our credit and financial responsibility. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms: Net 10 days from date of invoice. I/We further agree to pay cost of collection, including a reasonable amount of attorney's fee, and interest at the rate of eighteen percent (18%) per annum on all amounts past due.

By: _____ Title _____