



ALT SYSTEMS

Powered by CUTTINGEDGE Workflows

Los Angeles
2777 N. Ontario St, Suite 201 Burbank, CA 91504
P: 818.504.6800 • F: 818.504.6801

San Francisco
1071 Sneath Ln San Bruno, CA 94066
P: 415.487.2323 • F: 415.487.2320
Email: sales@altsystems.com

Credit Application Form

BILLING ADDRESS			SHIPPING ADDRESS (IF DIFFERENT)		
COMPANY NAME			COMPANY NAME		
ATTENTION			ATTENTION		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE			TELEPHONE		
FAX			FAX		
GENERAL INFORMATION					
FEDERAL TAX ID NUMBER			COMPANY COMPOSITION (CHECK ONE)		
DUNN & BRADSTREET (D&B) NUMBER			<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC		
AMOUNT OF CREDIT DESIRED			<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
PRINCIPAL OWNER			TITLE		
EMAIL			TELEPHONE & EXTENSION		
PURCHASING AGENT			ACCOUNTS PAYABLE CONTACT		
NAME			NAME		
EMAIL			EMAIL		
TELEPHONE & EXTENSION			TELEPHONE & EXTENSION		
FAX			FAX		
BANK INFORMATION					
BANK NAME			BANK ADDRESS		
BRANCH NAME			BANK CONTACT OFFICER		
TELEPHONE & EXTENSION			FAX		
CHECKING ACCOUNT NUMBER			SAVINGS ACCOUNT NUMBER		



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TRADE REFERENCES			
COMPANY NAME	CONTACT PERSON	TELEPHONE	EMAIL (MANDATORY)
1			
COMPANY NAME	CONTACT PERSON	TELEPHONE	EMAIL (MANDATORY)
2			
COMPANY NAME	CONTACT PERSON	TELEPHONE	EMAIL (MANDATORY)
3			
I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO ALT SYSTEMS, INC			
PRINT APPLICANT NAME		TITLE	
APPLICANT SIGNATURE		DATE	

TERMS AND CONDITIONS
ALL ACCOUNTS ARE COD UNTIL THIS CREDIT APPLICATION HAS BEEN COMPLETED, REVIEWED, AND APPROVED BY ALT SYSTEMS, INC. IF ANY INDEBTEDNESS INCURRED PURSUANT TO THIS CREDIT APPLICATION IS NOT PAID IN FULL WHEN DUE, THEN THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTING SUCH OUTSTANDING INDEBTEDNESS, INCLUDING REASONABLE ATTORNEYS' FEES, AND SUCH INDEBTEDNESS SHALL BEAR INTEREST AT THE LESSER RATE OF 1.5% PER MONTH OR THE MAXIMUM RATE PERMITTED BY APPLICABLE LAW, UNTIL PAID IN FULL.

ACCEPTANCE AND APPROVAL	
SIGNING THIS AGREEMENT INDICATES YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS AS STATED. IN ADDITION, YOU AUTHORIZE ALT SYSTEMS, INC. TO MAKE ANY AND ALL INQUIRIES NECESSARY TO PROCESS THIS CREDIT APPLICATION.	
NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AGREED & ACCEPTED (SIGNATURE)	DATE

PURCHASE ORDER NUMBER REQUIRED FOR ALL INVOICES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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AUTHORIZED PERSONS FOR PICK UP (OTHER THAN THE PERSON LISTED ABOVE):