



To:	
Attn:	
Fax #:	

8 Hulse Rd Suite 1, East Setauket, NY 11733
Ph: 631-473-9300 Fax: 631-642-0800

Credit Application

Amount Requested: _____ Date: _____

BUSINESS INFORMATION

Legal Business Name: _____

Contact: _____ Title _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____ **Website** _____

Type of Business: (Click:) Corporation Partnership Sole Proprietorship Non-Profit Years in Business: _____

Owner/Principal: _____ SSN # _____

Home Address _____

Send Invoices To: _____

A/P Contact Info: Name _____ Phone _____

A/P Email Address: _____

Do any unsatisfied judgements exist? (Click:) Yes No If yes, Explain _____

Have you ever filed bankruptcy? (Click:) Yes No If yes, Explain _____

Bank Relationships:

Primary Bank: _____ Branch _____ Phone _____

Bank Officer: _____ Account# _____

Email Address: _____

Other Bank(s) _____ Phone _____

Bank Officer: _____ Account# _____

Email Address: _____

Trade References:

Name: _____ Phone _____ Fax _____

Contact Name: _____ **Email Address:** _____

Name: _____ Phone _____ Fax _____

Contact Name: _____ **Email Address:** _____

Name: _____ Phone _____ Fax _____

Contact Name: _____ **Email Address:** _____

In consideration for credit being extended, (or we) acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1.5% per month; (3) Any charges still outstanding after 90 days from the date of delivery are subject to collection, and all collection or arbitraty expenses, attorney's fees and court costs will be borne by the purchaser; (4) title to work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (6) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

Alpine Overhead Doors, Inc. is hereby authorized to conduct an investigation of the credit worthiness of the above referenced organization using the information provided in this application. Lab Crafters, Inc. may contact the above listed bank and trade references for credit information. The signature below authorizes those organizations referenced to release credit information concerning the above referenced company, Lab Crafters.

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

Authorized Signature

Date

Title

CONDITIONS (TERMS ARE NET 30 DAYS UPON CREDIT APPROVAL)

TERMS OF SALE, INCLUDING TERMS OF PAYMENT AND CHARGES, FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE CUSTOMER HEREBY AGREES TO PAY ALL COSTS OF COLLECTION OR LEGAL FEES SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE ABOVE INFORMATION IS WILLINGLY SUPPLIED AND THE CREDITOR IS AUTHORIZED TO CONTACT THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO ESTABLISH THE CREDITWORTHINESS OF THE ABOVE NAMED COMPANY. IF THE APPLICANT IS NOT A CORPORATION, THE CREDITOR IS AUTHORIZED TO OBTAIN CREDIT REPORTS ON THE PROPRIETORS, PARTNERS OR PRINCIPALS. SHOULD A CREDIT AVAILABILITY BE GRANTED BY THE CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION SHALL BE IN THE SOLE DISCRETION OF THE CREDITOR. THE CREDITOR MAY TERMINATE ANY CREDIT AVAILABILITY WITHIN ITS SOLE DISCRETION.

DISPUTES: ANY DISPUTE OR CONTROVERSY ARISING FROM THIS AGREEMENT WILL BE RESOLVED BY ARBITRATION BY THE AMERICAN ARBITRATION ASSOCIATION AT ORANGE COUNTY, CALIFORNIA. THE LANGUAGE OF THE ARBITRATION SHALL BE ENGLISH. THE NUMBER OF ARBITRATORS SHALL BE ONE. THE PARTIES AGREE THE AMERICAN ARBITRATION ASSOCIATION'S EXPEDITED RULES SHALL APPLY AND THEY WAIVE ALL RIGHT TO ANY HEARING REQUIRING WITNESS PRODUCTION. THE ARBITRATOR SHALL ISSUE AN AWARD BASED UPON THE WRITTEN DOCUMENTARY EVIDENCE SUPPLIED BY THE PARTIES. THE ARBITRATOR'S AWARD SHALL BE BINDING AND FINAL. THE LOSING PARTY SHALL PAY ALL ARBITRATION EXPENSES, INCLUDING ALL ATTORNEY'S FEES.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM:

APPLICANT'S NAME: _____ TITLE: _____
DATE: _____ APPLICANT'S SIGNATURE: _____

FOR PROPRIETORS, PARTNERS, S-CORPORATIONS IN THE U.S.

I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT ON MY CREDIT HISTORY.

DATE: _____ APPLICANT'S SIGNATURE: _____

PERSONAL GUARANTEE

THE UNDERSIGNED, FOR CONSIDERATION DO HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE BUSINESS. THIS GUARANTEE SHALL NOT BE AFFECTED BY THE AMOUNT OF CREDIT EXTENDED OR ANY CHANGE IN THE FORM OF SAID INDEBTEDNESS. NOTICE OF THE ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN TERMS OF PAYMENT, AND ANY RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY WAIVED. THIS GUARANTEE MAY ONLY BE REVOKED BY WRITTEN NOTICE WHICH SHALL BE SENT TO THE CREDITOR'S CREDIT OFFICE BY CERTIFIED MAIL. ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTORS TO PROVIDE PAYMENT FOR INDEBTEDNESS INCURRED PRIOR TO THE REVOCATION. I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT AND TO CONTACT MY REFERENCES AS NECESSARY. AS GUARANTOR, I AM ALSO BOUND BY THE ABOVE ARBITRATION CLAUSE.

GUARANTORS NAME: _____ SIGNATURE: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

DATE: _____ TAX I.D. OR S.S. NO: _____

GUARANTORS NAME: _____ SIGNATURE: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

DATE: _____ TAX I.D. OR S.S. NO: _____

Executed this _____ day of _____ 20__

Sign Below:

Signature

State of _____

County of _____

Sworn and Subscribed before me this _____ day of _____ 20__

Notary Public



We're Always Rolling™

Date: _____

Company: _____

Att: _____

Subject; AUTHORIZATION FOR BANK TO RELEASE INFORMATION

Dear Sir or Madam:

You are authorized and directed to release to Alpine Overhead Doors, Inc. all banking information requested by them relation to our account # _____, on this one-time basis only.

We would consider it a great courtesy if you would respond promptly to their credit inquiry.

Printed: _____

Signed: _____ Date _____

Title: _____

Yours sincerely,

Fran Cabasso
Accounts receivable
Phone: 631-473-9300 ext 108
Fax 631-642-0800
Email: fcabasso@alpinedoors.com

Disclaimer

The information being requested is only to be used for the purpose of obtaining a credit inquiry. Your information obtained will be held confidential and will not be shared.



Manufacturers of Superior Quality Rolling Steel Doors Since 1972

8 Hulse Road • East Setauket, NY 11733 • T: 631.473.9300 • F: 631.642.0800 • www.AlpineDoors.com





We're Always Rolling™

Date: _____

Attn: _____

To Whom It May Concern,

_____ has given your bank as a credit reference.

Authorization to release information for credit inquiry is attached.

Please provide the following information on OFFICIAL BANK LETTERHEAD.

Checking account:

Average monthly balance for last 3 months:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Additional Remarks:

BANK CONFIRMATION:

Thank you for your cooperation,

Accounts Receivable,

Fran Cabasso

Name: Please Print: _____

Signature: _____

Title: _____



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