



A Division of ALT Systems
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CREDIT APPLICATION FORM

Please complete this form, then email it to your Cutting Edge Sales Account Executive

TRADE REFERENCES

	COMPANY NAME	CONTACT PERSON	TELEPHONE	FAX (MANDATORY)
1				
2				
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 A CREDIT APPLICATION HAS BEEN COMPLETED, REVIEWED AND APPROVED. IF ANY INDEBTENESS INCURRED PURSUANT TO THIS REQUEST FOR CREDIT IS NOT PAID IN FULL WHEN DUE, THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING A REASONABLE ATTORNEY'S FEE. ANY BALANCE SO REMAINING UNPAID 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 AND ACCEPTED, SIGNED _____ TELEPHONE NUMBER & EXTENSION _____

DATE _____

PURCHASE ORDER NUMBER REQUIRED FOR ALL INVOICES? (please circle one):

YES NO

AUTHORIZED PERSONS FOR PICK UP (OTHER THAN THE PERSON LISTED ABOVE) :

