



1071 Sneath Lane San Bruno, CA 94066 P: 415.487.2323 F: 415.487.2320

**CREDIT APPLICATION FORM**

**PLEASE COMPLETE, SIGN, AND FAX or EMAIL BOTH PAGES TO: JC@CEAG.COM**

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 (CIRCLE ONE)	
DUNN & BRADSTREET (D&B) NUMBER		INDIVIDUAL	
		PARTNERSHIP	
AMOUNT OF CREDIT DESIRED		LLC	
PRINCIPAL OWNER		CORPORATION	
EMAIL		TITLE	
		TELEPHONE NUMBER & EXTENSION	
ORDERING INFORMATION			
ARE WRITTEN PURCHASE ORDERS REQUIRED (CIRCLE ONE)			
YES		NO	
IS MERCHANDISE FOR RESALE?			
YES		NO	
RESALE NUMBER (IF FOR RESALE, PLEASE PROVIDE COPY OF CERTIFICATE)			
PURCHASING AGENT		ACCOUNTS PAYABLE CONTACT	
NAME		NAME	
FAX		FAX	
EMAIL		EMAIL	
TELEPHONE NUMBER & EXTENSION		TELEPHONE NUMBER & EXTENSION	
BANK INFORMATION			
BANK NAME		CHECKING ACCOUNT NUMBER	
BANK ADDRESS			
BRANCH NAME			
BANK CONTACT OFFICER		SAVINGS ACCOUNT NUMBER	
TELEPHONE NUMBER & EXTENSION			
FAX NUMBER			

(continued)



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**CREDIT APPLICATION FORM (Continued)**

TRADE REFERANCES			
COMPANY NAME	CONTACT PERSON	TELEPHONE	FAX (MANDATORY)
1			
2			
3			
<b>I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO ALT SYSTEMS, INC.</b>			
PRINT APPLICANT NAME		TITLE	
APPLICANT SIGNATURE		DATE	
TERMS AND CONDITIONS			
ALL ACCOUNTS AR 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 RESONABLE ATTORNEYS 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:			
		YES	NO
AUTHORIZED PERSONS FOR PICK UP (OTHER THAN THE PERSON LISTED ABOVE) :			
_____		_____	
_____		_____	
_____		_____	

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