

CREDIT APPLICATION FORM



Please Submit Application to:
Email: accounting@alfrexusa.com
Address: 943 Gainesville Hwy Bldg 100-4000
Buford, GA 30518
Phone: (470) 589-7449

General Business Information *(Complete all fields.)*

Legal Business Name

* _____

* Street Address: _____

* City: _____ * State: _____ * Zip: _____

* Phone #: () - _____

* Fax #: () - _____

* Federal Tax ID #: _____ * Dun & Bradstreet ID #: _____ DBA, if any: _____

(Note: If applicable, copy of reseller or tax exemption certificate required.)

* Type of Business: Individual Partnership Corporation

Credit Requested \$: _____

Years in Business: _____ Year of Inc.: _____ State of Inc.: _____

Parent/Affiliated Companies (if applicable)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: () - _____

Fax #: () - _____

Are Purchase Orders Used? Yes No

* Name of person responsible for approving invoices: _____ * Email Address: _____

* Name of person responsible for paying invoices: _____ * Email Address: _____

Name of Owners, Partners, or Officers and Titles if Incorporated

(Complete all fields and provide at least one owner, partner or officer.)

* Name: _____

Name: _____

* Title: _____

Title: _____

* Phone #: () - _____

Phone #: () - _____

* Email: _____

Email: _____

* Social Security #: _____

Social Security #: _____

Trade Reference Information *(Complete all fields and provide as many as possible.)*

* Name: _____

Name: _____

* Contact Person: _____

Contact Person: _____

* Address: _____

Address: _____

* City: _____ * State: _____ * Zip: _____

City: _____ * State: _____ * Zip: _____

* Phone #: () - _____

Phone #: () - _____

* Fax #: () - _____

Fax #: () - _____

* Account #: _____

Account #: _____

* Credit Limit: _____

Credit Limit: _____

* Name: _____

Name: _____

* Contact Person: _____

Contact Person: _____

* Address: _____

Address: _____

* City: _____ * State: _____ * Zip: _____

City: _____ * State: _____ * Zip: _____

* Phone #: () - _____

Phone #: () - _____

* Fax #: () - _____

Fax #: () - _____

* Account #: _____

Account #: _____

* Credit Limit: _____

Credit Limit: _____

Bank Reference Information (Complete all fields and provide at least one reference.)

* Bank Name:	_____	Bank Name:	_____
* Contact Person:	_____	Contact Person:	_____
* Address:	_____	Address:	_____
* City:	_____	* State:	_____
		* Zip:	_____
* Phone #:	() - _____	Phone #:	() - _____
* Fax #:	() - _____	Fax #:	() - _____
* Checking Account #:	_____	Checking Account #:	_____
* Savings Account #:	_____	Savings Account #:	_____
* Loan Officer:	_____	Loan Officer:	_____
* Loan #:	_____	Loan #:	_____

This application is submitted for the purpose of obtaining credit with Alfrex LLC, Incorporated and is warranted to be true. By signing this application the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. We may assess a "Late Charge" on the portion of the amount remaining unpaid, at a rate permitted by applicable law. We may raise, lower, or cancel at any time, and you promise not to allow the outstanding balance of your account to exceed this credit limit. We have the right at any time to limit or terminate the use of your account, or to terminate this agreement as it relates to future transactions, without giving you advance notice. You may terminate this agreement at any time, upon 30 days prior advance written notice to us, with respect to future use of the account. If you or we terminate this agreement, you agree to pay the outstanding balance of the account according to the applicable terms at time of sale. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes Alfrex LLC, Incorporated to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

Signature of Authorized Owner, Partner or Corporate Officer Required.

Please include current financial statements. Personal financial statements for all owners/officers must be furnished for companies in existence less than two years. Upon credit approval, the undersigned agrees to make payment according to their assigned payment term unless otherwise stated in writing from Alfrex LLC.

Signature of Owner, Partner or Corporate Officer

Date

Printed Name of Signer

Title

BLANKET SALES TAX EXEMPTION CERTIFICATE

(MULTI-JURISDICTION)

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Issued to: **Alfrex LLC** 943 Gainesville Hwy Bldg 100-4000 Buford, GA 30518

* Name of Firm (Buyer): _____

* Street Address or P.O. Box Number: _____

* City: _____ * State: _____ * Zip: _____

* Buyer is Engaged as a Registered: Distributor Manufacturer
 Other: _____

and is registered with the below listed state(s) where your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

#	<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration</u>
	AL	_____	MA(*)	_____	PA	_____
	AR	_____	MD	_____	RI(*)	_____
	AZ	_____	ME	_____	SC	_____
	CA(*)	_____	MI	_____	SD(*)	_____
	CO	_____	MN	_____	TN(*)	_____
	CT(*)	_____	MO	_____	TX	_____
	DC(*)	_____	MS(*)	_____	UT	_____
	FL(*)	_____	NC	_____	VA	_____
	GA	_____	ND	_____	VT	_____
	IA	_____	NE(*)	_____	WA	_____
	ID	_____	NJ	_____	WI(*)	_____
	IL	_____	NM	_____	WV	_____
	IN	_____	NV	_____	WY	_____
	KS	_____	NY	_____		
	KY	_____	OH	_____		
	LA	_____	OK	_____		

(*) If you are registered in these states, we will need a copy of that State Certificate attached with this application.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the state.

General Description of Products to be Purchased from Seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

*Authorized Signature: _____

*Title: _____ *Date: _____