



Alert Reel Manufacturing Tel: (716) 648-1048  
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 Hamburg, NY 14075 Web: alertreels.com

## NET 30 CREDIT APPLICATION

### BUSINESS INFORMATION

*\*Please be sure to fill all required fields and submit application to [sales@alertreels.com](mailto:sales@alertreels.com)*

Legal Business Name:	
Registered Business Address:	
Phone:	Fax:
Website:	POC Email:
Business Type: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
Is your company publicly traded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Industry Type:	
Date Business Commenced:	Tax ID (EIN):
Number of Employees:	Annual Sales:

### CREDIT INFORMATION-CUSTOMER PROFILE

*Billing Address (if different from business address):	
*AP Contact:	*Phone Number:
*AP Email Address: <b>ALL INVOICES WILL BE EMAILED. Please provide valid invoicing email address</b>	
*Are you claiming tax exemption on purchases? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>*If exempt please provide a copy of your valid tax exemption certificate</i>	
DUNS Rating (if available):	

### BUSINESS/TRADE REFERENCES

**\*Please Provide At Least Three References**

<b>Company name:</b>		
Address:		
E-mail:	Phone:	Fax:
Type of account:	Account Number:	
<b>Company name:</b>		
Address:		
E-mail:	Phone:	Fax:
Type of account:	Account Number:	
<b>Company name:</b>		
Address:		
E-mail:	Phone:	Fax:
Account Number:	Account Number:	

### AGREEMENT

1. Buyer shall have a credit term of **NET 30 DAYS**, meaning full payment is due within thirty (30) days from the invoice date

2. If Buyer disputes any invoice, they must notify Seller in writing within ten (10) days of receipt

3. If Buyer fails to pay any invoice by the due date, Seller reserves the right to suspend or terminate credit privileges

**By signing below, I affirm that I am authorized to submit this credit application. I understand that my electronic signature has the same legal effect as a handwritten signature. If required, I agree to provide a handwritten signature upon request**

*Authorized Representative Name:	Email:	Date:
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*Electronic Signature:
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