



711 Executive Blvd, Unit C
Valley Cottage, NY 10989
PHONE: 845-422-8320
FAX: 845-620-3683

CREDIT APPLICATION AND AGREEMENT

ACCT# _____ DATE _____
COMPANY NAME _____ SALES REP _____
ADDRESS _____ CITY _____ STATE _____
PHONE # _____ FAX # _____ EMAIL _____
TYPE OF BUSINESS: CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____
YEARS IN BUSINESS _____ ARE YOU TAX EXEMPT? _____ IF YES, PLEASE SEND TAX EXEMPT FORM
DATE OF INCORPORATION _____ STATE OF INCORPORATION _____
ARE YOUR JOBS BONDED? _____ IF YES, WHICH BONDING COMPANY DO YOU USE? _____
HAVE YOU EVER FILED FOR BANKRUPTCY? _____ DO YOU HAVE ANY LIENS/JUDGMENTS AGAINST YOU? _____
NUMBER OF EMPLOYEES _____ DUNS # _____
ACCOUNTS PAYABLE/BOOKKEEPER'S NAME _____ PHONE _____ CELL _____ EMAIL _____
PURCHASING AGENT'S NAME _____ CELL PHONE _____
OUR JOBS ARE COMMERCIAL RESIDENTIAL GOVERNMENT/CITY OPENING CREDIT LINE REQUESTED _____
PREFERRED METHOD OF PAYMENT CREDIT CARD ACH WIRE CHECK

PRINCIPALS/OWNERS INFORMATION

NAME _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
HOME PHONE # _____	HOME PHONE # _____
CELL PHONE # _____	CELL PHONE # _____
EMAIL _____	EMAIL _____
SOCIAL SECURITY # _____	SOCIAL SECURITY # _____
DATE OF BIRTH _____	DATE OF BIRTH _____
SPOUSE'S NAME _____	SPOUSE'S NAME _____
DO YOU OWN OR RENT YOUR HOME? _____	DO YOU OWN OR RENT YOUR HOME? _____

NAME OF PERSON COMPLETING THIS APPLICATION ON BEHALF OF APPLICANT _____
SIGNATURE OF PERSON COMPLETING THIS APPLICATION (NAMED ABOVE) _____

TRADE REFERENCES

1. BUSINESS NAME _____ CONTACT NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ EMAIL _____
ANNUAL SALES/PURCHASES _____

2. BUSINESS NAME _____ CONTACT NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ EMAIL _____
ANNUAL SALES/PURCHASES _____

3. BUSINESS NAME _____ CONTACT NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ EMAIL _____
ANNUAL SALES/PURCHASES _____

TERMS & CONDITIONS OF TRADE FOR ALTOR SAFETY LLC

1. Payment terms are NET 30 days from invoice date upon credit approval. Open accounts are available to qualified customers providing three credit references and company DUNS number along with the completed Altor Safety LLC (AS) Credit Application.
2. Orders may be phoned in to 845-422-8320 or faxed to 845-620-3683.
3. All pricing is subject to change without notice. Please contact us for pricing confirmation, volume discounts and rebate programs.
4. The minimum order is \$50.00 excluding tax, otherwise a \$12.50 handling charge may be added to the order.
5. We are required by law to collect the appropriate current tax rate on invoice total for goods delivered with the State of New York, New Jersey, and Connecticut. If you are tax-exempt, please submit your certificate.
6. AS Credit limit is set at \$5,000.00. It is at AS discretion to approve any additional amount as this becomes necessary and upon approval of a completed credit application. If this credit application and credit agreement is executed by a corporation, LLC, partnership or other business entity or company ("Company"), the undersigned individual represents and warrants that the Company has the power to enter into this Agreement, the execution of the Agreement by the undersigned has been duly authorized by the Company, and this Agreement is in the best interest of the Company. Accounts with overdue balances may automatically have their credit withdrawn until all outstanding balances are paid.
7. A service charge/administrative fee of one and a half percent per month will be charged on all overdue accounts, which shall be defined as accounts remaining unpaid after thirty days of due date. In the event such rate should exceed the legally enforceable rate, buyer will pay the maximum which is legal and enforceable.
8. In the event the account is placed in the hands of a collection agency for collections after default in payment pursuant to the payment terms set forth herein, the customer agrees to pay twenty five percent of the unpaid balance due. In the event Altor Safety directs the use of legal remedies to collect payments, the Buyer agrees to pay all costs and expenses, including legal fees, incurred in the course of collection or pendency of the action.
9. No Sales Representatives of the seller has the authority to alter, vary, or waive any of the standard terms and conditions herein.
10. All shipping is FOB Valley Cottage, NY, best way, unless otherwise specified. Items temporarily backordered are immediately shipped upon arrival into our warehouse.
11. Items must be returned within 30 days of receipt and must be in sellable condition and original packaging. A return authorization (RA) number must be issued by AS before any product is returned to AS. All returns are subject to a 20% restocking fee. Shipping charges should be prepaid unless otherwise arranged in advance. Special Order items and custom printed products are non-cancelable and non-returnable, except for defective quality or workmanship. Outgoing shipping charges on products authorized to be returned to AS may be invoiced to the customer.
12. Our staff takes great care in filling, checking, and packaging your order. On rare occasions, a package may be damaged or lost in transit. If a truck shipment is damaged or missing pieces, please note on the delivery receipt and obtain an inspection report from the truck line immediately. It is the responsibility of the consignee to do a piece count before receiving and signing for any shipment and file any damage or missing claims with the carrier promptly after inspection. Claims must be filed within 15 days of shipment. For assistance, please contact our customer service department at 845-422-8320.
13. All goods supplied by AS remain the property of AS until payment has been received in full. AS reserves the right to use reasonable means to claim these goods.

DATE: _____ SIGNED BY: _____ TITLE: _____

Please FAX to 845-620-3683 or Email to sales@altorsafety.com