



ALSCO Industrial Products, Inc.
 1265 Mount Vernon Rd., Lithia Springs, GA 30122

CREDIT APPLICATION D&B # _____ OUTSIDE SALESMAN: _____

COMPANY NAME: _____ PHONE # _____ FAX # _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ WEB SITE ADDRESS: _____

OFFICE MANAGER: _____ ACCOUNTS PAYABLE MANAGER: _____

KIND OF BUSINESS: _____ HOW LONG IN BUSINESS: _____

TYPE OF OWNERSHIP: () CORPORATION () PARTNERSHIP
 () PROPRIETORSHIP () INDIVIDUAL

IF PARTNERSHIP OR PROPRIETORSHIP, NAME OF PARTNER(S): _____

TAX EXEMPTION # _____ IF NOT TAX EXEMPT, PLEASE GIVE TAX PERCENTAGE AND
 COUNTY TAX IS TO BE CHARGED IN: _____ % _____ COUNTY

How did you hear about ALSCO? () Magazine Ad () Referral () Thomas Register
 () Mailing () Salesman () Other _____

Type of Business or SIC code: _____ Person using goods: _____

Rate the primary products you use: (1, 2, 3):

___ Tubing / Hose ___ Sheet / Shape ___ Fiberglass Pipe & Accessories ___ Pipe, Valves, Fittings
 ___ Pumps ___ Tanks ___ Instrumentation / Level Controls

TRADE REFERENCES

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ FAX # _____ PHONE # _____ FAX # _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ FAX # _____ PHONE # _____ FAX # _____

BANK REFERENCE

NAME: _____ PHONE # _____ FAX # _____

ADDRESS: _____ ACCOUNT # _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- 1) IF CREDIT IS APPROVED, THE UNDERSIGNED AGREES TO PAY ALL INVOICES WITHIN THE TERMS SPECIFIED BY ALSCO Industrial Products, Inc.
- 2) 2% FINANCE CHARGE WILL BE ADDED TO ANY ACCOUNT NOT PAID WITHIN 45 DAYS OF INVOICE DATE, 24 % PER ANNUM. IN EVENT OF NON-PAYMENT, REASONABLE ATTORNEY'S FEES WILL BE CHARGED.
- 3) IT IS AGREED THAT ALL SALES, WHETHER INVOICED TO THE COMPANY, AN INDIVIDUAL, PARTNER, OR OFFICER OF PURCHASERS COMPANY, SHALL NEVERTHELESS BE A DEBT TO THE PURCHASER WHICH I AM PERSONALLY RESPONSIBLE.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

PLEASE MAKE COPY AND FAX TO OUR OFFICE.