



Application for Credit

Thank you for your interest in obtaining credit terms from Alpine SnowGuards. In order to evaluate your request, please complete and return this form along with all additional pages containing requested information. By signing this form where indicated below 1) *you acknowledge that all of the information provided by you is accurate*, 2) *you understand that we will rely on this information to make a credit decision*, 3) *you consent to our contacting the references you have provided and to their providing credit information about your company*, and 4) *you consent to our obtaining relevant credit reports from reporting entities such as Equifax and Dun & Bradstreet*. If any information provided by you is found to be false or misleading, any credit extended will be revoked and all amounts owed will become immediately due and payable. **If you have any questions about this application, contact Karen Lanphear 1-888-766-4273.**

Company Information: CONTRACTOR or DISTRIBUTOR (circle one)

Name: _____

Address: _____

Address invoices should be mailed to (if different than above) _____

Email address invoices should be mailed to: _____

Telephone: () _____ - _____

Facsimile: () _____ - _____

Email address: _____

Contact Person Name and Telephone: _____

() _____ - _____

Owner Name and Address: _____

How long has this company been in business? _____

What were the company's gross sales in the last fiscal year? _____





What did the company average in annual gross sales for the past 3 fiscal years?

What are your anticipated snow guard purchases in the next 12 months? \$_____.

References

Please attach the following information regarding **5** companies that you have done business with for at least one year, and that currently extend you credit terms:

- a. Company name, address, telephone number, ***fax number**
- b. Contact person
- c. How long you have done business with company
- d. Average and high amounts of credit extended to you by this company
- e. Credit terms extended to you by this company i.e., Net 30, Net 60
- f. Please attach information regarding one bank with which you currently do business, including the bank name, address, telephone number, account number, and contact person.

Amount of credit requested

Based upon anticipated orders and credit terms of Net 30, please specify the amount of credit you would like us to consider extending. *\$ _____

Miscellaneous information

Dun & Bradstreet number: _____

Federal tax ID number: _____

Date and state of incorporation: _____

Principal place of business: _____

***Signature of authorized company representative**

Signature: _____

Printed name: _____

Job title: _____

Date: _____

Fax your completed credit application & references to: 802-888-9326

