

CREDIT APPLICATION

Return via Fax to: 615-206-3499 or Email to: Credit@alliancemro.com

Business Name: _____

Bill To: _____ **City/State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Contact/Email:** _____

Ship To: _____ **City/State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Contact/Email:** _____

Year Established: _____ Corporation Partnership Proprietorship LLC

Partners or Officers

Name Title Home Address City State Telephone

1. _____

2. _____

Bank Reference Address Telephone Fax

Account Number Contact

D & B # (if applicable) : _____ **Credit Limit Requested \$** _____

Trade References Account # Telephone Fax

1. _____

2. _____

3. _____

Alliance Distribution Partners does not sell to end users. Consequently, a Blanket Certificate of Resale accompanies this application. This application must be signed by an officer or principal of the company in order to be processed. By your signature below, you grant us permission to verify the information with the references listed. Additionally, this acknowledges acceptance of Alliance's TERMS AND CONDITIONS attached to this form.

SIGNATURE: _____ **PRINTED NAME:** _____

TITLE: _____ **DATE:** _____