

# ALLEN PRECISION EQUIPMENT, INC.

1-800-241-6223

1550 Boggs Road, Duluth, GA 30096

770-279-7335 Fax

## ACCOUNT APPLICATION

APE ACCOUNT NUMBER \_\_\_\_\_

SALES REPRESENTATIVE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY/COUNTY \_\_\_\_\_ STATE/ZIP CODE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ PLEASE CIRCLE ONE: CORPORATION PARTNERSHIP SOLE PROPRIETOR OTHER

YEARS IN OPERATION \_\_\_\_\_ FEDERAL ID OR SOCIAL SECURITY NUMBER \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT/TELEPHONE #/EXT# \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ CITY/COUNTY \_\_\_\_\_ STATE/ZIP CODE \_\_\_\_\_

CORPORATE OFFICERS NAME/TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CORPORATE OFFICERS NAME/TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CORPORATE OFFICERS NAME/TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SALES TAX EXEMPTION NUMBER (Please provide a copy of your Sales Tax Exemption Certificate) \_\_\_\_\_ DO YOU REQUIRE A PO? \_\_\_\_\_

NAME OF PERSON(S) AUTHORIZED TO PURCHASE \_\_\_\_\_

### BANK REFERENCE:

1 BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

2 BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

### TRADE REFERENCE: MUST SUPPLY 3 REFERENCES (No personal references, please. Do not list any revolving charge cards or bank cards)

1 NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

2 NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

3 NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

TERMS: I understand that Allen Precision Equipment's terms are Net 10 Days and I agree to pay within these terms. This application serves as written authorization for the above references to supply Allen Precision Equipment with credit information. I also authorize the use of a faxed copy to serve as an original copy. Applicant's Signature attests financial responsibility, ability and willingness to pay our invoices within the terms of sale. Applicant also agrees to pay a monthly service charge of 1.5% on past due month-end balances. Should Allen Precision require assistance to collect any outstanding balances, applicant agrees to pay all reasonable attorney and collection agency fees.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Revised 11/15/2006