

# ALDEN & BRODEN CORP.

www.alden-broden.com

Fax To: 1-603-882-9555

## CONFIDENTIAL CREDIT APPLICATION

(Note: All sections must be completed in full)

### COMPANY INFORMATION

Company Name \_\_\_\_\_.

Parent Company/DBA \_\_\_\_\_.

Billing Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Contact Name \_\_\_\_\_.

Previous Address \_\_\_\_\_.

Years in Business \_\_\_\_\_ Phone \_\_\_\_\_ fax \_\_\_\_\_.

Bank \_\_\_\_\_ Account # \_\_\_\_\_ Officer \_\_\_\_\_ Phone \_\_\_\_\_.

**OWNER INFORMATION** (must be completed for all partnerships and sole proprietorships and Corporations in business less than three years) Corporation ( ) Partnership ( ) Sole Proprietorship ( )

Owners full name \_\_\_\_\_ SSN# \_\_\_\_\_.

Owners Address:city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_.

Partners Full Name:(If Partnership) \_\_\_\_\_ SSN# \_\_\_\_\_.

Partners Address: city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_.

### TRADE REFERENCES

1. Name & Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_.

2. Name & Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_.

3. Name & Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_.

I acknowledge that the terms offered by Alden & Broden Corp. are net 30 days from date of invoice. I agree to pay interest at a rate of 1 1/2% per month (18% per annum) for all invoices past due, and all reasonable costs of collection, including Attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1 1/2% per month (18%per annum) on all past due amounts. The below signatures also grant Alden & Broden Corp. the right to check any factors pertinent to a fair evaluations of establishing credit.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_.