



CREDIT APPLICATION

Please complete and return to our A/R Department at (877) 378-7005 or Accounting@AlaskanSales.com

APPLICATION INFORMATION

Company Name _____ D&B No. _____
 Company Address _____ City _____
 Phone _____ Fax _____ State _____ Zip _____
 A/P Contact _____ A/P Phone/Ext _____ Credit Line Requested \$ _____

Type of Business

- Sole Proprietorship
 Partnership
 Subsidiary
 Division
 Corporation in state of _____

Employees at this location _____ Total Employees _____

Sales Volume \$ _____

Email Address: _____

OWNERSHIP INFORMATION

| | | | |
|--------------|-------|--------|------|
| Owner Name | Phone | Fax | |
| Home Address | City: | State: | Zip: |
| Owner Name | Phone | Fax | |
| Home Address | City: | State: | Zip: |

TRADE REFERENCES

| | | | |
|--------------|------------------|-----|--|
| Company Name | Phone | Fax | |
| Address | Account # | | |
| Company Name | Phone | Fax | |
| Address | Account # | | |
| Company Name | Phone | Fax | |
| Address | Account # | | |

BANK REFERENCES

| | | | |
|-----------|------------------|-----|--|
| Bank Name | Phone | Fax | |
| Address | Account # | | |
| Bank Name | Phone | Fax | |
| Address | Account # | | |

Signature certifies authority to act on behalf of applicant and authorizes Alaskan Sales LLC conduct a credit review and release any banking and/or financial information. Terms are N15 with payment due in advance until net terms are approved and Personal Guarantee is signed and approved. If Guarantee is not completed by application, only EFT/ACH payment terms are accepted for banking transfer payments in advance of order shipped. Each invoice is subject to a 1% late fee per month if not paid according to terms. Should application default in payment, Alaskan Sales shall be entitled to additional incurred collection costs and attorney's fees to the unpaid balance and account will be terminated.

Signature _____ Title and Date: _____
 11/06 _____



PERSONAL GUARANTOR FORM

Confidential - A/R Department Only

Please complete and fax this form to our A/R Department at (877) 378-7005

My account is handled by Sales Rep _____ Date _____

GUARANTOR INFORMATION

Do you own or rent your current residence?

Name _____ SSN _____ Own
 Home _____
 Address _____ City _____ Rent
 Phone _____ Fax _____ State _____ Zip _____ Monthly mortgage/rent \$ _____

Drivers License # _____ License Issuing State _____

By filling out this Personal Guarantor Form, I wish to provide a personal guarantee for Company Name _____ Phone _____
 Company _____

Address _____ City _____ State _____ Zip: _____

GUARANTOR BANK INFORMATION

| | | |
|--------------|--------------|----------------|
| Bank Name | Phone Number | Fax Number |
| Bank Address | | Account Number |
| Bank Name | Phone Number | Fax Number |
| Bank Address | | Account Number |

GUARANTOR CREDIT CARD INFORMATION

| | | |
|-------------|---|-----------------|
| Card Number | Card Type | Phone Number |
| Card Issuer | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex | Expiration Date |
| Card Number | Card Type: | Phone Number |
| Card Issuer | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex | Expiration Date |

PERSONAL REFERENCES

| | | |
|----------|--------------|--------------|
| Name | Phone Number | Relationship |
| Address | | Years Known |
| Name | Phone Number | Relationship |
| Address | | Years Known |
| Name: | Phone Number | Relationship |
| Address: | | Years Known |



I, personal guarantor, by signing, agree that all statements made herein are true and accurate to the best of my knowledge. I authorize the above company to make any and all necessary inquiries to process this application. I understand that a personal credit check will be performed. I hereby indemnify Alaskan Sales and their agents from any liability resulting from this credit review.

10/17

Abank authorized signature is required for processing

Guarantor
Signature _____

Date _____