



DEALER APPLICATION

313 S. 36th Street
Phoenix, AZ 85034
Phone (480) 557-7855
Toll Free (877) 557-7855
Fax (480) 557-7859

For Internal Use Only
Rep: _____
Date: ___/___/___

Corporate Name: _____
Doing Business As: _____
Billing Address: _____
Ship to address (if different than above): _____
Nature of business: _____
Type of Business: Sole-Proprietorship ___ LLC ___ Corporation ___ Partnership ___
Business Phone: _____ Cell Phone: _____
Business Fax: _____
Email Address: _____ Years in Business: _____ Number of Employees: _____
Billing Email Address: _____ Federal Tax ID #: _____
Are you exempt from sales tax? No ___ Yes ___ If yes, form AZ 5000A must be completed or
State Resale Tax License /TPT#: _____ tax will be charged

Tell us about your business ownership:

List below the owners (if applicant is a sole proprietorship or partnership) or officers (if a corporation):

Name: _____ Phone: _____ Title: _____
Home Address: _____ City, State, & Zip _____
SS# _____ Driver's License # and State: _____

Name: _____ Phone: _____ Title: _____
Home Address: _____ City, State, & Zip _____
SS# _____ Driver's License # and State: _____

Has the applicant or any of its Owners, Principals, Officers or Directors, Ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors? No ___ Yes _____

AGREEMENT:

1. In the event the buyer does not pay the amount due pursuant to the terms of the agreement between the Buyer and Seller, Buyer agrees to pay a delinquent interest charge of 1 1/2% per month on the unpaid balance or the highest rate permitted by law, whichever is lower and all attorney and collection fees if needed to cover unpaid invoices. Alumaline reserves the right to increase the service charge upon written notice to Buyer and Buyer agrees to pay increased service charge for purchases made after receipt of said notice. All returned checks are subject to a \$30.00 fee.
2. All accounts are due and payable at 313 South 36th Street, Phoenix, AZ 85034.
3. In the event legal action is instituted to enforce collection, the Applicant further agrees to pay all expenses, charges, and costs including reasonable attorney's fees in addition to all sums due in the event it becomes necessary.
4. The undersigned acknowledges financial responsibility ability and willingness to pay for all goods and services purchased.
5. Seller may, at any time, without notice, cancel all credit available to Buyer and refuse to make any further credit advances. In the event Seller determines that information contained on this Credit Application is false or misleading, or if Seller receives other false or misleading information from Buyer of any kind or nature, Seller may without further notice cancel all orders in house, or any deliveries in progress to buyer. Any false or misleading information by Buyer shall be construed as a material default, and any invoices outstanding shall be due and payable in full.
6. The undersigned hereby grants a security interest to Alumaline on the goods purchased set forth in invoices until account and service charges are paid in full.
7. Applicant authorizes Alumaline to obtain credit and financial information concerning the applicant at any one time from any source.
8. By signing, you agree to Alumaline Arizona Terms of Use and Privacy Policy. You consent to receive phone calls and SMS messages from Alumaline Arizona to provide updates on your order and/or for marketing purposes. Message frequency depends on your activity. You may opt-out by texting "STOP". Message and data rates may apply.
9. The undersigned also warrants that the above agreement has been carefully read and the applicant understands the same.

Signed: _____ Title: _____
Print Name: _____ Date: _____



Do you wish to apply for credit terms?: YES: _____ NO: _____

If yes, please complete the remainder of this page and the bank authorization on the next page.

CONTINUING PERSONAL GUARANTY: For good and valuable consideration, receipt of which is hereby acknowledged, the undersigned Guarantors jointly and severally unconditionally guarantee the prompt payment when due at each purchase due and available under the foregoing agreement and all existing and future liabilities of applicant to Alumaline of every nature what so ever. This guaranty is an absolute and unconditional guarantee of payment not at collectability and shall be enforceable before or after proceeding against applicant or simultaneously there with and without resort to any security. This guaranty shall continue in force until notice in writing of termination upon mailing by Alumaline is given. A termination notice shall not affect transactions with applicant entered into prior of the termination date. The guaranty is enforceable against the undersigned Guarantors whether or not the signatures are witnessed.

Guarantor: _____ Date Signed: ____/____/____
Home Address: _____ City, State, & Zip _____
Soc. Security # _____ Birth Date: ____/____/____

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Home Address: _____ City, State, & Zip _____
Soc. Security # _____ Birth Date: ____/____/____

Tell us about your banking and trade references. We will need emails to process.

Bank Name/Contact: _____ Account #: _____
Address: _____ City, State, & Zip _____
Phone: (____) ____ - ____ Email: _____

Company Name/Contact: _____ Account #: _____
Address: _____ City, State, & Zip _____
Phone: (____) ____ - ____ Email: _____

Company Name/Contact: _____ Account #: _____
Address: _____ City, State, & Zip _____
Phone: (____) ____ - ____ Email: _____

Company Name/Contact: _____ Account #: _____
Address: _____ City, State, & Zip _____
Phone: (____) ____ - ____ Email: _____



BANK INFORMATION AUTHORIZATION

Date ____ / ____ / ____

I _____ authorize the
(Authorized Person)

_____ to respond
(Bank, Credit Union, Assoc., Etc.)

fully to Alumahan Arizona, INC. requests for credit and banking experience for

(Account Name)

I further authorize a copy of this authorization to be treated as an original if in fact it is a copy or fax copy.

The account number is: _____

Your prompt response will be appreciated.

(Authorized Signature)



**For customers that wish to pay by Credit Card for COD payments
please provide credit card information.**

Card #: _____ - _____ - _____

Expiration Date: ____/____ **Code:** _____

Billing Address: _____

Signature of Cardholder: _____

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