



ALASKA INDUSTRIAL HARDWARE, INC.

A BSNC COMPANY

8801 OLD SEWARD HWY, ANCHORAGE, AK 99515

• PHONE: (907) 276-7201 • TOLL FREE: 1-800-478-7201

APPLICATION FOR ACCOUNT

CHARGE ACCOUNT CASH ACCOUNT AUTOPAY ACCOUNT

(Cash account fill out page 1) (Charge account please fill out at least pages 1-3)

Company Name: _____

Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Email: _____

Alternate Email: _____

Phone: _____ Fax: _____

Alaska Business License Number: _____

Dun & Bradstreet Number: _____

Local and Physical Address

Nature Of Business: _____

Type of Business (CHECK ONE)

C-Corporation S-Corporation LLC Partnership Sole Proprietorship

How long has your business been in operation? Years _____ Months _____

Requested Credit Limit Amount: \$ _____

Tax Exemption Number: _____ (PROVIDE COPY OF TAX EXEMPTION DOCUMENTS)

Are purchase orders required? (CHECK ONE) YES NO

Please provide email address for instant invoicing and monthly statements:

Online Account Access Registration:

Administrator's Name: _____ Email Address: _____

The administrator will manage all online buyers for your organization, setup new ship-to addresses, manage budgets, and view all orders and invoices. For more information, go to Frequently Asked Questions or contact websupport@aih.com.

IMPORTANT ACCOUNT NOTICE

If company is sold, the account will be closed.

New application must be filled out completely to open new account.

If account goes ninety days (90) past due, account will be closed. To reopen, account must be paid in full.

YOU MAY EXPEDITE PROCESSING BY EMAILING THIS COMPLETED APPLICATION TO credit@aih.com

Officers and/or Names of Owners

Name: _____

Name: _____

Title: _____

Title: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

AUTHORIZED SIGNERS POLICY

Authorized Signers are designated purchasers on your account, both online and in-store. Your list of Authorized Signers is kept on file and lets us know who is authorized to make purchases. We require valid photo ID from anyone making purchases on accounts, with the exception of online purchases. It is important to keep this list current, as authorized employees often change and it helps us combat fraudulent changes being made on accounts. Your Authorized Signers list must be updated either by email to credit@aih.com or via your online account administrator. We cannot accept change requests made by phone.

Please make sure to include both a daytime and an after-hours phone number. Having an after-hours contact on your account will help us verify in-store purchases being made on your account when your office may be closed for the evening. We cannot authorize an in-store purchase when a customer is not on your Authorized Signers List and we are unable to reach anyone at the phone numbers listed on file. If you have any questions or concerns about the Authorized Signers on your account, please email us at credit@aih.com, and we will happily assist you.

DAYTIME PHONE (____) - ____ - _____

AFTER-HOURS PHONE (____) - ____ - _____

PRINTED NAME OF AUTHORIZED SIGNER

PRINTED NAME OF AUTHORIZED SIGNER

PRINTED NAME OF AUTHORIZED SIGNER

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CREDIT REFERENCES

IN LIEU OF CREDIT REFERENCES, YOU CAN OPT TO SUBMIT A CURRENT FINANCIAL STATEMENT. (WE REQUIRE A TOTAL OF 3 CREDIT REFERENCES, THE FINANCIAL STATEMENT COUNTS AS ONE.)

1. Applicant hereby gives permission to ALASKA INDUSTRIAL HARDWARE, INC. to make any inquiries deemed necessary to make a credit determination. Applicant also authorizes the following references to release the requested information on my account for credit purposes.
2. If possible, use LOCAL business references. These will help expedite the processing of your application.
3. We are unable to use any personal revolving accounts (banks, credit cards, utilities, etc.) for credit reference.

Account No.: _____

Company Name: _____

Phone: _____

Fax: _____

Email: _____

Account No.: _____

Company Name: _____

Phone: _____

Fax: _____

Email: _____

Account No.: _____

Company Name: _____

Phone: _____

Fax: _____

Email: _____

Account No.: _____

Company Name: _____

Phone: _____

Fax: _____

Email: _____

FOR OFFICE USE ONLY

DATE ACCT. OPENED _____

HIGH BALANCE/12 MONTHS _____

CURRENT BALANCE _____

PAST DUE BALANCE _____

PAYING HABITS/RATING _____

DATE OF LAST SALE _____

TERMS _____

DATE ACCT. OPENED _____

HIGH BALANCE/12 MONTHS _____

CURRENT BALANCE _____

PAST DUE BALANCE _____

PAYING HABITS/RATING _____

DATE OF LAST SALE _____

TERMS _____

DATE ACCT. OPENED _____

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PAST DUE BALANCE _____

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DATE ACCT. OPENED _____

HIGH BALANCE/12 MONTHS _____

CURRENT BALANCE _____

PAST DUE BALANCE _____

PAYING HABITS/RATING _____

DATE OF LAST SALE _____

TERMS _____

PERSONAL CREDIT AUTHORIZATION

I hereby authorize **ALASKA INDUSTRIAL HARDWARE, INC.** to access my personal credit history through CBC Innovis/Experian. This information will be kept in the strictest confidence.

Signature

Date

Last Name: _____ **First:** _____ **MI:** _____

Home Address: _____ How Long? _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Employer's Name: _____ **How Long?** _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Last Name: _____ **First:** _____ **MI:** _____

Home Address: _____ How Long? _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Employer's Name: _____ **How Long?** _____

Employer's Address: _____

City: _____ State: _____ Zip: _____



IMPORTANT FOR APPLICATION PROCESSING

In order for us to process your credit application in a timely manner,

WE NEED THE ABOVE INFORMATION FILLED OUT COMPLETELY.

If a section is not applicable, please mark it as such.

Failure to fully complete this form will delay processing of credit application.

PERSONAL AND INDIVIDUAL GUARANTEE

The undersigned states that he, she, or they understand the contents of this document. The undersigned agrees to be personally and individually liable to **ALASKA INDUSTRIAL HARDWARE, INC.** for all debts that have been incurred by their firm, corporation, partnership, or other entity represented. The undersigned agrees that if the debts incurred by the business entity are not paid in full within forty-five (45) days from the date the items are purchased, they are immediately and individually liable for the debts plus all interest and carrying charges, attorney fees, and collection costs. The undersigned further agrees that only in consideration of their signing this agreement of personal liability has credit been extended to the business entity. The undersigned further understands that if the debt remains unpaid for forty-five (45) days after the date of purchase, that there is a late charge of 1-1/2% per month (18% per annum). If the rate of 1-1/2% per month (18% per annum) is prohibited by applicable law, then the rate charged on the unpaid balance shall be the highest rate allowed by law. The undersigned further understands they will not be individually mailed copies of the billing or invoices of the business entity. The undersigned further agrees to give thirty (30) days notice of cancellation of this agreement in writing and that **ALASKA INDUSTRIAL HARDWARE, INC.** may cancel credit to the business entity if any one signatory withdraws their guarantee. The undersigned further agrees to give notice of any change in address within 30 days of the address change.

I have read the above and understand and agree to individually guarantee my business entity's debt in full.

Dated this _____ day of _____, 20_____

PERSONAL CREDIT AUTHORIZATIONS (see Page 4) must be completed by each GUARANTOR below.
Please sign as individuals. — Do not include titles.

SIGNATURES OF OWNERS / OFFICERS REQUIRED (AS INDICATED ON FRONT PAGE)

PRINTED NAME OF AUTHORIZED SIGNER

SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR

PRINTED NAME OF AUTHORIZED SIGNER

SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR

PRINTED NAME OF AUTHORIZED SIGNER

SIGNED IN MY INDIVIDUAL CAPACITY AS GUARANTOR