



268 Old Lindale Road • Rome, GA 30161  
Phone: 800-329-5323 • Fax: 706-232-2518  
www.alshielding.com

# CREDIT APPLICATION

## BILLING/SHIPPING INFORMATION

Official Company Name: \_\_\_\_\_

Bill to: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

AP Name: \_\_\_\_\_

AP Phone & Ext: \_\_\_\_\_

AP E-Mail: \_\_\_\_\_

## BUSINESS INFORMATION

Check one :      Corporation      Partnership      Subsidiary of/Division of

Years in Operation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Tax Exempt # (GA Customers Only): \_\_\_\_\_

County: \_\_\_\_\_

(If exempt, please fill out Ga Form ST-5 Exemption Certificate attached)

## BANK INFORMATION

Bank: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

## TRADE REFERENCES

Ref # 1 \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Ref # 2 \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Ref # 3 \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Ref # 4 \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Any questions regarding this application, or the accompanying trade references should be directed to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Company acknowledges and agrees that the purchase terms are "NET 30 days" from date of invoice", and all payments will be made on time. Company also acknowledges responsibility for any and all collection fees, interest, attorneys' fees or other additional charges incurred due to the outstanding receivables.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# Paperless Billing

**Your Information is Required in ALL Fields. Please print clearly.**

<b>Name:</b>	<b>Title:</b>
<b>Company Name:</b>	<b>Phone #:</b>
<b>E-Mail Address:</b>	

By returning this form, you are agreeing that your invoices will be emailed to the address you have provided above and that the payment will be due per the terms stated on the invoice. This will be the only method by which you will receive your invoice.

**THERE WILL NOT BE A COPY OF THE INVOICE MAILED TO YOU.**

If the e-mail address you provided should change for any reason please inform A&L Shielding immediately.

**In addition to yourself, is there anyone else within your company who should receive a copy of the invoice?**

<b>Name:</b>
<b>Title:</b>
<b>E-Mail Address:</b>

## Have Questions?

Contact Ellen Youngblood the Accounting Manager

**E-Mail:** [ellen.youngblood@alshielding.com](mailto:ellen.youngblood@alshielding.com)

**Call:** 800-329-5323 x-11

