



ISO 9001 - Cage Code 067C0 - QSLD - WBE - WOSB - WBENC

APPLICATION FOR OPEN ACCOUNT

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE : \_\_\_\_\_ FAX : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ VP: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

CREDIT REFERENCES: NAME, PHONE, FAX and EMAIL (Optional)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

BANK: \_\_\_\_\_ CONTACT: \_\_\_\_\_

(NAME & NUMBERS)

ACCT No. \_\_\_\_\_

SIGNATURE BELOW SPECIFICALLY INDICATES ASSUMPTION OF LIABILITY FOR AND PERSONALLY GUARANTEES PAYMENT FOR ALL MATERIAL PURCHASED ON THIS ACCOUNT.

A SERVICE CHARGE OF 1 1/2 % PER MONTH (18% PER ANNUM) WILL BE CHARGED ON DELINQUENT ACCOUNTS. IN THE EVENT ACCOUNT MUST BE COLLECTED CUSTOMER ALSO AGREES TO PAY ALL ASSOCIATED COSTS INCLUDING REASONABLE ATTORNEY FEES (VENUE SHALL BE IN BROWARD COUNTY, FLORIDA). APPLICANT AUTHORIZES ALUMINUM DISTRIBUTING, INC. TO CONTACT APPLICANT'S REFERENCES FOR CREDIT DISCLOSURE AND TO REQUEST THE BANK REFERENCE LISTED ABOVE TO RELEASE ANY INFORMATION INCLUDING BALANCES AND NSF CHECKS.

\_\_\_\_\_  
(Printed) Corporate Officer and Guarantor

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

Notary \_\_\_\_\_

Stamp Notary's Signature