



Credit Application

Altair Advanced Industries, Inc.
 3765 Alpha Way
 Bellingham, WA 98226
Tel: 360 671 7703
Fax: 360 733 8690

Business Information		Description of Business		Date
Legal Name, State of Incorporation		Business Structure (Check One)		
Trade Name		<input type="checkbox"/> <i>Sole Proprietorship</i> <input type="checkbox"/> <i>Partnership</i> <input type="checkbox"/> <i>Corporation</i> <input type="checkbox"/> <i>Division / Subsidiary</i> <i>Parent Company</i> _____		
Billing Address				
City / State	Zip			
Telephone				
Fax				
Shipping Address (if different)		Type of Business		
City / State		Years in Business		
Accounting Contact		P.O. Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Employees	
		Federal ID No.		
Estimated Annual Sales	Net Worth	State ID No. (Resale No.)		
\$	\$	How Long Under Present Ownership?		
DUNS#		Own or Rent Premises? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Bank References				
Bank (Branch) #1		Bank (Branch) #2		
Account No.		Account No.		
Address		Address		
City / State		City / State		
Telephone		Telephone		
Manager / Contact		Manager / Contact		
Shareholders / Partners Information				
Name	Title	Home Address	Social Security No.	Telephone
U.S. Trade References - 5 Minimum				
Name	Telephone#	Fax#	Email	



Credit Application (continued)

1. Please attach all financial statement(s), personal financial statement(s), and other pertinent information to expedite credit processing.
2. Include history of management experience for owners and/or shareholders.
3. Include other information useful for the evaluation of credit (i.e., additional assets, financial backing, etc.)

The applicant acknowledges that at present the Company's standard terms of sales are Net 30 days, past due accounts may be assessed at a late payment charge of 1.5% per month or the maximum permitted by law, and this policy is subject to change without notice. Applicant's signature attests financial responsibility, ability, and willingness to pay all billings in accordance with current terms. In the event the services of a collection agency are necessary, customer agrees to pay all collection costs. Should legal means become required to collect monies owed, customer agrees to pay all legal and attorney and collection charges, in connection therewith, including court costs. Customer waives the right to a jury trial on any issue that may arise. Choice of venue shall be Whatcom County, State of Washington.

I, the Applicant or representative for the Applicant, am authorized to make this application and certify that the above statements are true and complete. The Applicant authorizes a credit inquiry to be conducted, with respect to the granting of an open account credit line or any renewal thereof. The banks, lending firms, and references listed in this application are authorized to give any information their files may contain. Alpha Technologies, Inc. reserves the right to discontinue such credit as it deems necessary without notice to the Applicant. The undersigned in the name of the Applicant certifies that all of the information given above is correct.

(Please Print) Name of Authorized Signing Officer and Title

Name of Company / Applicant and Full Address

Signature

Date