



268 Old Lindale Road • Rome, GA 30161
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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.

Name:	Title:
Company Name:	Phone #:
E-Mail Address:	

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?

Name:
Title:
E-Mail Address:

Have Questions?

Contact Ellen Youngblood the Accounting Manager

E-Mail: ellen.youngblood@alshielding.com

Call: 800-329-5323 x-11

