

**ALL-LIFTS INC.**

27-39 Thatcher Street, Albany, NY 12207

**OPEN CREDIT ACCOUNT APPLICATION**

PHONE (800) 342-4188 FAX (518) 465-0342

Business Name \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_

How many years have you been in business? \_\_\_\_\_

(please check one)

Is this a: \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership

**Ownership:**

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**Finance:**

\_\_\_\_\_ Savings \_\_\_\_\_ Checking \_\_\_\_\_ Loan

Bank \_\_\_\_\_ Account# \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Account Rep \_\_\_\_\_

**Commercial Trade References**

Give ONLY names of those you buy from on OPEN ACCOUNT.

**\*\*WE WILL NOT PROCESS THIS APPLICATION WITHOUT  
 FULL NAME, ADDRESS, PHONE AND FAX NUMBER\*\***

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Amount of credit desired monthly \$ \_\_\_\_\_. If exempt from sales tax, please attach a copy of certificate.

Authorized Buyers \_\_\_\_\_

Billing address (if different from above address) \_\_\_\_\_

Should you approve this application, I agree to pay for all goods and services purchased by the 10th of the month following date of invoice. All-Lifts Inc. is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit. Service charges at the highest rate permitted by state law will be applied to past due accounts.

SHOULD IT BECOME NECESSARY TO COLLECT THIS ACCOUNT THROUGH AN ATTORNEY, BY LEGAL PROCEEDINGS OR OTHERWISE, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Sign \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_