



Credit Application

Please email completed form to: Accounting@AltaProductsLLC.com

Important Message: We are a manufacturer, not a sub-contractor. All payments are due within 30 days. **Credit will not be extended if your policy is to withhold payment until after you receive payment from your customer.** By signing this application for credit, you agree to all of the terms and conditions of this contract. Thank you.

Business Name _____ Contact Person: _____

Phone (____) _____ Email Address _____

Billing Address: _____

Street / PO Box

City

State

Zip

Street Address: _____

Street

City

State

Zip

D.B.A.: _____ Federal Tax ID#: _____

Date Established: _____ **Ownership Type:** ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Bank Reference:

May we contact your financial institution for a credit reference? ☐ Yes ☐ No Initial: _____

Bank name Acct# Contact Name (____) Phone

Address City State Zip

Has the firm or any of its principals ever filed for Bankruptcy? ☐ Yes ☐ No

If yes, when: _____ List the State in which it was filed: _____

Any misrepresentation of information entered on this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. Alta Products, LLC is authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the Net-30 days terms offered; If full payment has not been received by Alta Products, LLC at the 60-day mark, you agree to pay a late payment penalty amount of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.

By signing this document, you agree that in the unfortunate event arbitration/litigation is required to collect payment, all legal proceedings will be transacted in ARVADA, CO (Jefferson County)

The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business listed above.

Signature: _____ Date: _____

Print Name: _____ Title: _____