



# ADVANTAGE LITES & LOUVERS, INC.

415 Concord Avenue, Bronx, NY 10455  
Tel: 718-585-3230 | Fax: 718-292-2243  
advantage@zerointernational.com | www.a-ll.com

## BUSINESS CREDIT APPLICATION AGREEMENT

(Please print clearly all information, sign, and return with the second page)

Legal Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Shipping Address if different from above ( Cannot ship to PO Boxes ): \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Purchase Order number required?  Yes  No

Type of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Business Structure:  Corporation  LLC  Sole Proprietorship  Other \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Tax Exempt#: \_\_\_\_\_

Name of President/Owner/Principal: \_\_\_\_\_ Tel: \_\_\_\_\_ Ext: \_\_\_\_\_

Address of Owner/Principal: \_\_\_\_\_

## TRADE REFERENCES

(Please provide main telephone and fax numbers for quicker response )

1. Company Name: \_\_\_\_\_ Acc.# \_\_\_\_\_

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

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Acc.# \_\_\_\_\_

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

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Acc.# \_\_\_\_\_

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

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### TERMS AND CONDITIONS

Our standard payment are NET 30 days. The net due is calculated from the date of the invoice. Should a successful credit applicant ("Applicant") default in the payment of an invoice, Applicant shall be liable to Advantage Lites & Louvers, Inc. ("ALL") for any expenses or collection costs, including attorney's fees, incurred by ALL in collection such unpaid invoice(s). Applicant also agrees to pay ALL a 1.5% late payment fee on all balances which remain unpaid beyond the 30-day billing period. The parties agree that the terms of this Agreement shall be governed by the laws of the state New York and that any disputes arising out of this Agreement shall be solely heard in the state and federal courts of competent jurisdiction located in the State and county of New York. In the event any portion of this Agreement shall be found legally unenforceable, the balance of this Agreement shall remain in full force and effect and shall be interpreted and as if such invalid provision did not appear herein. The undersigned acknowledges that ALL may create and store of this document and any related documents, including any signature, in an electronic format such as read-only CD's, and that any original hereof may be discarded in the ordinary course of ALL business. The undersigned further acknowledges and agrees that an electronic image or fax of this document and any related documents or any electronic copy made from said electronic images or fax shall constitute sufficient evidence of the original for all purposes, including but not limited to any form of disputes resolution proceedings. Any and all decisions relating to the extension or continuation of credit of the denial thereof, shall be in the sole discretion of ALL. ALL may refuse to offer credit limit at any time within its sole discretion. By signing this application you certify that you are authorized to sign on behalf of the business entity you are representing, have the authority to legally bind such business entity, and that all of the information contained in this application is true and correct. Applicant, in submitting this application for the purpose of obtaining credit, authorizes ALL to contact the Trade References provided to obtain any information pertaining to the applicant's credit worthiness and agrees that ALL may utilize outside credit reporting agencies for the purposes of determining an Applicant's creditworthiness. I have read, understood and agree to the terms above.

\_\_\_\_\_  
SIGNATURE  
(An authorized signing authority is required)

\_\_\_\_\_  
PRINTED NAME

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\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

