



ACCOUNT APPLICATION

GENERAL ACCOUNT INFORMATION

Customer name:		Phone:	Fax:
Legal Name and related DBA (doing business as):			
Contact Name:		Contact Title:	
Contact Phone:	Contact Fax:	Contact E-mail:	
Billing Address:			
City:		State:	Zip Code:
A/P Contact:	A/P Phone:	A/P E-mail:	
Receipt of Invoices (check one): Mail <input type="checkbox"/> E-mail <input type="checkbox"/> (email address):			
Tax Exempt: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please include your current Tax Exemption Certificate.			
Shipping Address:			
City:		State:	Zip Code:
Tractor-Trailer Accessible <input type="checkbox"/>		Box Truck ONLY <input type="checkbox"/>	Receiving Hours:
Delivery Restrictions/Notes:			

GENERAL BUSINESS INFORMATION

Federal Tax ID Number:	Legal Structure:		
Date of Formation:	Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Type of Entity:	Partnership <input type="checkbox"/>	LLP <input type="checkbox"/>	Other <input type="checkbox"/>
State of Formation and State Entity #:			
Identify all owners, managers, and officers:			
Principal Officer/Owner:		Title:	
Home Address		SS#:	% of Ownership:
Principal Officer/Owner:		Title:	
Home Address		SS#:	% of Ownership:
Principal Officer/Owner:		Title:	
Home Address		SS#:	% of Ownership:
Account Type Requesting from AIS:	<input type="checkbox"/> Payment Terms, including a Line of Credit ***Proceed to Page 2 to provide additional information.***		
	<input type="checkbox"/> COD Account – I will pay for my order prior to delivery/pick-up ***Read information below, sign this page and return to Appalachian Insulation Supply, Inc.***		

Acceptance of this Application opens an account with Appalachian Insulation Supply, Inc. and subsidiaries.

TERMS AND CONDITIONS FOR SALE OF GOODS BY APPALACHIAN INSULATION SUPPLY, INC., AND AFFILIATES, a copy of which is available at <https://www.ais1.us/terms-and-conditions/>, and incorporated herein by reference, apply to all sales.

Completed by Applicant:

Signature:	(SEAL)	Date:
Print Name:		Title:

Completed by AIS Personnel:

Reviewed By:	Date:
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CREDIT APPLICATION

FINANCIAL INFORMATION (AS OF APPLICATION DATE)		
Credit Amount Requested:		
Total Cash:	Total Accounts Payable:	
Total Fixed Assets:	Total Long Term Debt:	
Total Assets:	Total Liabilities:	
BUSINESS/TRADE REFERENCES		
Bank References		
Bank Name #1:	Bank Account # / Type:	
Bank Address:		
Bank Contact:	Bank Phone:	
Bank Name #2:	Bank Account # / Type:	
Bank Address:		
Bank Contact:	Bank Phone:	
Supplier References:		
Company Name #1:	Average Monthly Debt to Supplier:	
Company Address:		
Contact Name:	Phone:	E-mail:
Company Name #2:	Average Monthly Debt to Supplier:	
Company Address:		
Contact Name:	Phone:	E-mail:
Company Name #3:	Average Monthly Debt to Supplier:	
Company Address:		
Contact Name:	Phone:	E-mail:

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I (We) fully understand your credit terms and agree to the proper payment consideration of extended credit. If the account is referred to collection, Customer agrees to pay reasonable costs incurred, including attorney's fees. Unless an invoice states otherwise, any balance over 30 days is subject to a 1.5% per month carrying charge.

The individual signing this Credit Application represents and warrants that (a) the undersigned below is an authorized representative of the applicant; (b) the requested credit is for a business or commercial purpose; (c) information provided herein is a complete and accurate representation of the applicant's financial situation as of the date hereof. Any misrepresentation or material omission will constitute default and be grounds to revoke any credit. Applicant expressly authorizes Appalachian Insulation Supply, Inc. and its subsidiaries (collectively, "AIS") to contact the above references and any credit reporting agency to determine credit worthiness, to monitor credit risk, and/or for collection information. All decisions regarding extension or continuation of credit and accepting any purchases order shall be in AIS's sole discretion.

ALL COMMUNICATIONS CONCERNING DISPUTED DEBTS, INCLUDING ANY CHECK OR OTHER INSTRUMENT TENDERED AS FULL SATISFACTION OF A DEBT, ARE TO BE SENT TO AIS'S COLLECTIONS MANAGER, P.O. BOX 466, ELIZABETHTOWN, PA 17022-0466

Notwithstanding that this application is submitted on behalf of Customer, and so as to induce AIS to extend credit, and in consideration of credit being extended by AIS to Customer, for materials or merchandise to be purchased, and whether applicant/Customer be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, and intending to be legally bound hereby, the undersigned individual hereby, jointly and severally in the case of multiply guarantors, personally, irrevocably, and unconditionally guarantees the prompt, full and complete performance of any and all obligations and covenants of Customer to AIS and the prompt payment of any and all indebtedness, damages, cost and expenses (including attorney's fees and costs of collection) owed to or that may become due to AIS by Customer, whether how existing or arising hereafter. I hereby waive notice of incurrence of obligations by the Customer, acceptance, notice of default, non-payment and notice thereof, promptness and diligence, changes in extensions of credit, notice of any change in credit terms and all other formalities, and I consent to any modification or renewal of the obligations herein guaranteed.

This guaranty shall be an absolute, continuing and irrevocable guaranty and indemnity for such indebtedness of the Customer. I hereby bind myself personally to pay on demand any sum that may be due by due date should Customer fail to pay the same.

Pennsylvania law, disregarding any rules or maxims relating to the choice or conflict of laws, shall apply to and govern the account and guaranty.

Completed by Applicant:		
Signature:	(SEAL)	Date:
Print Name and home address:	Title:	
Completed by AIS Personnel:		
Reviewed By:	Date:	