



**AustriAlpin Inc.** - North American Distributors  
 PO Box 1257,  
 7626, 17<sup>th</sup> Ave - Coleman  
 Blairmore, Alberta T0K0E0, Canada  
 Toll Free: 866-962-7008 Fax: 403-562-7028  
 info@austrialpin.net

## DEALER CREDIT APPLICATION

### Dealer Information

**Business/Company Name:**

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<b>Billing Address:</b>		<b>Shipping Address:</b>	
<b>Main Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Buyers Names:</b>	<b>Website:</b>		

**Accounts Payable Information:**

<b>Name:</b>	<b>Direct Phone:</b>
<b>Direct Fax:</b>	<b>Email:</b>

**Type of Business (check one):**

- Partnership  
  Corporation  
  Individual  
  Govt. owned  
  College or University  
  Other

**Owner(s) Name and Address (es):**

<b>Fed I.D./ E.I.N. #:</b>	<b>State Tax/ GST #:</b>
<b>D&amp;B #:</b>	<b>Date Business Started:</b>
<b>UPS Account #:</b>	<b>Purolator Account #:</b>
<b>Greyhound Account # (Canada only):</b>	

To apply for a credit account, please complete the following section with at least 3 credit references. Dealers may pre-pay invoices by VISA or MasterCard, or pay by corporate cheque within the provisions and conditions of any related credit terms prearranged with AustriAlpin Inc. For a pre-payment account, please leave blank.

Ref. #1 - Company Name:	Credit Manager / Accounts Receivable Contact:
FAX No.:	Account Number:
Ref. #2 - Company Name:	Credit Manager / Accounts Receivable Contact:
FAX No.:	Account Number:
Ref. #3 Company Name:	Credit Manager / Accounts Receivable Contact:
FAX No.:	Account Number:

**Terms:**

We, the Dealer, agree to pay all invoices within stated terms. Terms are agreed upon, as communicated on all invoices from AustriAlpin Inc. These terms are not negotiable and are applicable to all AustriAlpin Inc. customers. New orders placed on past due accounts will be held until payment is received. Past due accounts will be levied finance charges in the amount of 2% per month, or 24% per annum. Returned (NSF) cheques will incur a \$25 fee, applicable to the outstanding balance. The Dealer agrees that in the event that litigation is necessary to enforce collection of any amount payable to AustriAlpin Inc., or to enforce these terms, the prevailing party shall be entitled to payment of any and all costs and expenses incurred, including, without limitation to all collection fees, attorney fees, and court costs. We certify that all the information on this application is correct and that the undersigned is of position to legally bind the Dealer to these terms.

<b>Signature of Officer</b>	<b>Name and Position</b>	<b>Date</b>

As a duly authorized officer of your company, please take the time to complete the following fields on behalf of your company. AustriAlpin Inc. requires this form to be completed as a security feature on all new accounts. This information will be kept strictly confidential and used only in the unlikely event of any delinquent accounts or overdue balances grossly outstanding. Thank you for your cooperation and valued business.

**Affidavit:**

I, \_\_\_\_\_ the president/owner/authorized officer of (business name), \_\_\_\_\_ do hereby give full authorization to AustriAlpin Inc. to debit the following Visa or MasterCard in the amount of any unpaid, delinquent, or excessively outstanding accounts with AustriAlpin Inc. which may arise now, or in the future. I understand that AustriAlpin Inc. will make attempts to clear this account with me before any actions are taken.

Credit Card #:	Expiry:	CVD:
Name as seen on card:		
Signature as seen on card:		

Date: \_\_\_\_\_

**Please fax completed forms to AustriAlpin Inc. at (403) 562-7028**

**We look forward to working with you!**