



Avalon

Avalon International Aluminum, Inc

21451 SW 108th Ave Tualatin, OR 97062

(800) 678-0566 (503) 692-9875 (Fax)

CREDIT

AGREEMENT/APPLICATION

PLEASE PRINT CLEARLY

THE FOLLOWING INFORMATION MUST BE COMPLETED AS REQUESTED TO AVOID DELAY IN THE CREDIT APPROVAL PROCESS.

COMPANY NAME _____

BILLING ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL CONTACT _____

Is this company a corporation? YES _____ NO _____ If so, what State incorporated _____

Date incorporated _____ If not incorporated, when was company started _____

If wholly owned or partially owned subsidiary, does Parent company assume all liabilities? YES _____ NO _____

Are Purchase Order Numbers required? YES _____ NO _____ Federal Tax I.D. # _____

A. **OFFICERS OR PARTNERS.** Provide names of officers/partners with phone numbers and email addresses:

1 _____

2 _____

3 _____

B. **TRADE REFERENCES.** Please provide all five references insuring the Contact Person, Address, Phone and Email are correct. This will enable Avalon to respond quickly. A separate list for Trade References may be attached provided all information is included. **Please note, two references must be an aluminum door frame manufacturer.**

DO NOT USE CONTRACT VENDORS; i.e. Subcontractors

Supplier

Contact Person

Address

Fax #

Email

1 _____

2 _____

3 _____

4 _____

5 _____

C. **BANK REFERENCES.** Provide below bank name, phone number, mailing address, and contact person:

The undersigned Officer represents to Avalon that they have the authority to bind the ordering company with respect to this credit application, and Avalon's Standard Terms and Conditions attached hereto. In reliance upon this representation, Avalon will undertake a full investigation of your credit status. **ORIGINAL SIGNATURE DOCUMENT MUST BE RETURNED TO AVALON INTERNATIONAL ALUMINUM, LLC at the above address via mail.**

AUTHORIZED OFFICER _____ DATE _____

PRINT NAME _____ TITLE _____



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CO-COVENANT

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In consideration of Avalon International Aluminum, Inc extending credit to the above named business, the undersigned guarantors hereby each personally guarantee the payment of all sums hereby owing by the Applicant to Avalon International Aluminum, Inc, including all reasonable attorney fees and/or costs incurred in connection with collection of this debt. All terms, unless otherwise agreed, are Net 30 days with no retention.

Name: _____ Signature: _____

Address: _____

Name: _____ Signature: _____

Address: _____

AVALON OFFICE USE ONLY

Approved by: _____ Account #: _____ Credit Limit: _____ Terms: _____

Notes: