



Construction Machinery Industrial, LLC

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5400 Homer Dr.  
Anchorage, AK 99518  
Ph: (907) 563-3822  
Fx: (907) 563-1381  
(800) 478-3822

## CREDIT APPLICATION

Salesperson: \_\_\_\_\_  
Branch: \_\_\_\_\_

FOR OFFICE USE ONLY  
DATE: \_\_\_\_\_  
CREDIT LIMIT: \_\_\_\_\_  
APPROVAL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
MAILING INVOICE ADDRESS: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ BUSINESS LIC. #: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
 PROPRIETORSHIP     PARTNERSHIP     CORPORATION     OTHER  
FEDERAL TAX ID: \_\_\_\_\_  
DATE BUSINESS STARTED \_\_\_\_\_ PO REQUIRED: YES  NO

### **PROPRIETORSHIP, PARTNERS or CORPORATE OFFICERS**

NAME	TITLE	ADDRESS	SS#	D.O.B.

### **CREDITORS OR TRADE REFERENCES**

NAME	ADDRESS	CITY/STATE	PHONE/FAX
1. _____			
2. _____			
3. _____			
4. _____			

INSURANCE CARRIER: \_\_\_\_\_ AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
BONDING COMPANY: \_\_\_\_\_ POLICY#: \_\_\_\_\_ EXP: \_\_\_\_\_  
NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_  
BANK POINT OF CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FINANCIAL STATEMENT ATTACHED: YES NO (circle one)  
(CERTIFIED IF AVAILABLE)

Construction Machinery Industrial, LLC (C.M.I.) is hereby authorized to investigate the credit record of the undersigned applicant and return to proper persons and bureaus the discharge of obligations incurred under any credit advance by C.M.I. Applicant agrees that any credit will be advanced only on the basis of a purchase order or other applicable commercial form of C.M.I. and that applicant will promptly pay and discharge charges owned to C.M.I. under any such credit advance. Applicant agrees to pay interest on any loans, advances, or forbearance of any past due amounts at a rate to be determined by C.M.I. from time to time and set forth in it's statements and/or other documents. Applicant also agrees to pay all legal fees and costs associated with collection of delinquent account(s).

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**(PLEASE RETURN ORIGINAL DOCUMENT)**

ANCHORAGE  
5400 Homer Dr.  
Anchorage, AK 99518  
(907) 563-3822

FAIRBANKS  
2615 20<sup>th</sup> Ave  
Fairbanks, AK 99709  
(907) 455-9600

JUNEAU  
5295 Glacier Hwy  
Juneau, AK 99801  
(907) 780-4030

KETCHIKAN  
PO Box 1434  
Ward Cove, AK 99928  
(907) 247-2228