

# CREDIT APPLICATION

DATE
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**Main office:** P.O. Box 970126, Waipahu, HI 96797-0126  
 94-168 Leole St., Waipahu, HI 96797 • (808) 671-0541 • fax (808) 671-0440  
**Hilo:** 16-220 Wiliama Place, Keaau, HI 96749 • (808) 982-7728 • fax (808) 982-7776  
**Mau:** 240 Hookahi Street, Wailuku, HI 96793 • (808) 986-0691 • fax (808) 242-1365  
**Kauai:** 1840 Haleukana Street, Lihue, HI 96766 • (808) 245-8581 • fax (808) 246-0289  
**Kona:** 73-4112 Hukiloa Dr., Kailua-Kona, HI 96740 • (808) 334-0102 • fax (808) 334-1042

MAILING ADDRESS			STREET ADDRESS		
COMPANY NAME			COMPANY NAME		
MAILING ADDRESS			STREET ADDRESS		
CITY, STATE, ZIP			CITY, STATE, ZIP		
EMAIL ADDRESS	PHONE NO.	FAX NO.	EMAIL ADDRESS	PHONE NO.	FAX NO.

COMPANY COMPOSITION					
<input type="checkbox"/> SUB-CHAPTER S CORPORATION <input type="checkbox"/> C CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> LLC					
CORPORATION PRESIDENT			CORPORATION VICE PRESIDENT		
CORPORATION TREASURER			CORPORATION SECRETARY		
PARTNERSHIP NAME			COMPANY MANAGER		
CONTRACTOR LICENSE NO.	HAWAII G.E. TAX NO.	FEDERAL TAX NO.	SOLE OWNER SSN	YEAR BUSINESS STARTED	
FORMER ADDRESS					

BANK INFORMATION			
BANK NAME AND BRANCH LOCATION		BANK CONTACT OFFICER	PHONE NO. / EXTENSION
SAVINGS ACCOUNT NO.	CHECKING ACCOUNT NO.	ACCOUNT VERIFICATION FEES: American Savings Bank- -\$20.00; First Hawaiian Bank - \$15.00; Bank of Hawaii - no charge. Please check with your own bank.	

CREDIT AND TRADE REFERENCES (Please list at least three.)		
COMPANY NAME AND ADDRESS	PHONE NO.	FAX NO.
COMPANY NAME AND ADDRESS	PHONE NO.	FAX NO.
COMPANY NAME AND ADDRESS	PHONE NO.	FAX NO.
DO YOU USE PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	CREDIT LINE DESIRED	NAMES OF OTHERS AUTHORIZED TO USE ACCOUNT

ACCEPTANCE AND APPROVAL		
<p><b>I (we) authorize you to release any and all banking or credit information to Allied Machinery Corp.</b>                      I (we) agree that this application may be referred to the Credit Bureau of Hawaii or to any officials of the above firm for approval and, if credit is extended, I (we) further agree that such extension of credit shall be subject to the following terms and conditions:                      1) I (we) shall pay the amounts due as evidenced by the account, not later than (thirty) days from invoice date.                      2) I (we) shall agree that any accounts not paid within the time allowed in paragraph one (1) above shall be considered delinquent and shall bear interest at the size of one and one-half percent (1.5%) per month from and after the first day the same became delinquent.                      3) In the event that a delinquent account is placed in the hands of a licensed collector or an attorney for collection, or suit is instituted on this account, I (we) agree to pay, in addition to the amount of delinquent account and interest, all costs of collection including a reasonable attorney's fee.</p>		
COMPANY NAME	PRINTED NAME OF OWNER/CORP. OFFICER/PARTNER	SIGNATURE
I hereby personally guarantee the payment of the account stated above.		
PRINTED NAME	SIGNATURE	