



CREDIT APPLICATION

ORIGINAL SIGNED CREDIT APPLICATION MUST BE RECEIVED
TO PROCESS THE LINE OF CREDIT REQUEST
P.O. Box 970126, Waipahu, HI. 96797-0126

DATE _____

FOR OFFICE USE ONLY

Waipahu Hilo Wailuku Lihue Kailua-Kona

MAILING ADDRESS		STREET ADDRESS	
COMPANY NAME		COMPANY NAME	
MAILING ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE NUMBER	FAX NUMBER	PHONE NUMBER	FAX NUMBER
E-MAIL ADDRESS		E-MAIL ADDRESS	

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
COMPANY PRESIDENT		COMPANY VICE-PRESIDENT		
COMPANY TREASURER		COMPANY SECRETARY		
PARTNERSHIP NAME		COMPANY MANAGER		
CONTRACTOR LICENSE NUMBER	HAWAII GE TAX NUMBER	FEDERAL TAX NUMBER	SOLE OWNER SSN	YEAR BUSINESS STARTED
FORMER ADDRESS				

BANK INFORMATION			
BANK NAME	BANK CONTACT INFORMATION	BANK PHONE NUMBER	BANK FAX NUMBER
E-MAIL ADDRESS	CHECKING ACCOUNT NUMBER	ACCOUNT VERIFICATION FEES: American Savings Bank: \$20.00 First Hawaiian Bank: \$15.00 Bank of Hawaii: No Charge Please check with your bank.	

CREDIT AND TRADE REFERENCES (Please list three.)		
COMPANY NAME AND ADDRESS	PHONE NUMBER	FAX NUMBER
COMPANY NAME AND ADDRESS	PHONE NUMBER	FAX NUMBER
COMPANY NAME AND ADDRESS	PHONE NUMBER	FAX NUMBER
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>I (we) authorize you to release any and all banking information to Allied Machinery Corp. I (we) agree that this application may be referred to Credit Bureaus or to any officials of the above firms 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:</p> <ol style="list-style-type: none"> I (we) shall pay the amounts due as evidenced by the account, not later than thirty (30) days from invoice date. 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. 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) shall agree to pay, in addition to the amount of delinquent account and interest, all cost of collection including a reasonable attorney fee. I (we) acknowledge that the terms and conditions written on this document shall be governed by the laws of the State of Hawaii. In the event that I (we) take action proceeding to counterclaim on any matter out of or in connection to the terms and conditions, I (we) hereby submit to the jurisdiction of Hawaii, consent to the jurisdiction of the Supreme Court of Hawaii State, and waive trial by jury. 	
PRINTED NAME	SIGNATURE (I hereby personally guarantee the payment of the account stated above.)
COMPANY NAME	SIGNATURE (REQUIRED)
PRINTED NAME OF OWNER/CORP OFFICER/PARTNER	

REV 5/17

Main Office
Hilo Branch Office
Maui Branch Office
Kauai Branch Office
Kona Branch Office

94-168 Leoole Street, Waipahu, Hawaii, 96797
16-220 Wiliama Place, Keaau, Hawaii, 96749
240 Hookahi Street, Wailuku, Hawaii, 96793
1840 Haleukana Street, Lihue, Hawaii, 96766
73-4112 Hulikoa Drive, Kailua-Kona, Hawaii, 96740

Phone: (808) 671 - 0541 | Fax: (808) 671 - 0440
Phone: (808) 982 - 7728 | Fax: (808) 982 - 7776
Phone: (808) 986 - 0691 | Fax: (808) 242 - 1365
Phone: (808) 245 - 8581 | Fax: (808) 246 - 0289
Phone: (808) 334 - 0102 | Fax: (808) 334 - 1042