

1 Hillside Drive  
 Wolcott, CT 06716  
 Tel: 800-832-5336  
 Fax: 203-879-6097

## New Preferred Dealer and Net 30 Terms Application

Please Complete Both Sides and Must Be Signed

*Gra-bit® Gra-bit®pro Gra-bit®micro Drill-out® Ease out®*

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

Business or Corporate Name (Area Code) Phone Number

Fax Number E-Mail Address

Billing Address

City State Zip Country

Shipping Address

City State Zip Country

Sales Tax Number EIN# Contact Person

### BUSINESS FACTS

Sole Proprietorship  Partnership  Corporation Date of Incorporation \_\_\_\_\_ Is Business a Subsidiary?  No  Yes

Franchise?  No  Yes If yes, name parent or franchiser \_\_\_\_\_ How Long in Business? \_\_\_\_\_ Years

Number of Employees \_\_\_\_\_ Expected Monthly Purchases from Alden \$ \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Is Your Inventory Used for Collateral?  No  Yes If Yes, Name of Lender \_\_\_\_\_

### PERSONAL DATA OF OWNER-OFFICERS-PARTNERS

Name and Title

Home Address

City, State, Zip, Country

Home Phone Number

Social Security Number

Length of Time at Above Address

Name and Title

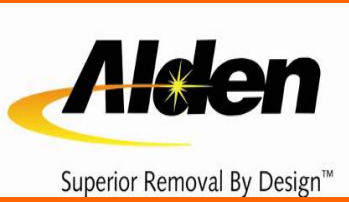
Home Address

City, State, Zip, Country

Home Phone Number

Social Security Number

Length of Time at Above Address



1 Hillside Drive  
Wolcott, CT 06716  
Tel: 800-832-5336  
Fax: 203-879-6097

## New Preferred Dealer and Net 30 Terms Application

Please Complete Both Sides and Must Be Signed

*Grabit® Grabit®pro Grabit®micro Drill-out® Ease out®*

### Please indicate below what best describes your primary business. Check all that may apply:

- Hardware Store
- Hardware Store (Chain)
- Distributor
- On line Store
- Wholesaler
- Industrial (Catalog only)

OTHER \_\_\_\_\_

### Comments:

---

---

---

### Please list other warehouse distributors or major suppliers. (List at least 3.)

#### Contact 1

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

#### Contact 2

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

#### Contact 3

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

#### Contact 4

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

### Please list or mention any information you feel we will need to process your request to stock our product and obtain Net 30 day terms:

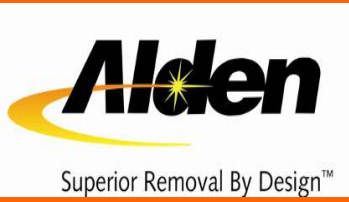
---

---

---

---

---



1 Hillside Drive  
 Wolcott, CT 06716  
 Tel: 800-832-5336  
 Fax: 203-879-6097

New Preferred Dealer and Net 30  
 Terms Application

Please Complete Both Sides and Must Be Signed

*Grabit® Grabit®pro Grabit®micro Drill-out® Ease out®*

**NOTE:** Applicant's signature attests financial responsibility, willingness and ability to pay our invoices in accordance with the payment terms which may be granted and in accordance with Alden Corporation published terms and policies as may be revised from time to time. A service charge of \$25.00 will be charged on any returned checks. If a check is returned twice for any reason, the account will be placed on cash only.

Applicant also assumes responsibility for all bills contracted in his name at the designated address, and, if required to collect delinquent accounts, all collection agency, attorney expenses and court costs. The information given herein is for the purpose of obtaining a wholesale account and is warranted to be true. I/We understand that completion of this application does not constitute an offer to sell or an authorization to buy from Alden Corporation. I/We hereby authorize the firm to whom this application is made (Alden Corporation) to investigate the references listed. We have read and fully understand the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Firm Name \_\_\_\_\_

**PLEASE SIGN HERE FOR NET 30 TERMS**

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SIGN HERE FOR CREDIT CARD TERMS**

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**FOR ALDEN CORPORATION USE ONLY**

Date Received \_\_\_\_\_ Approved By \_\_\_\_\_ Date Approved \_\_\_\_\_

Ship via \_\_\_\_\_ Route / Day / Stop:MI0/UP0/SB0/EXP0000 User1:1-2-4 P / L \_\_\_\_\_

Taxing State \_\_\_\_\_ Taxable: Yes or No Mailing Code \_\_\_\_\_ Salesman In: \_\_\_\_\_

Customer Number \_\_\_\_\_ Password \_\_\_\_\_ Date Entered \_\_\_\_\_ Contact Date \_\_\_\_\_

**NOTES:**