



CUSTOMER SETUP & AGREEMENT (CSA)

Account Rep:

Today's Date:

CUSTOMER SET UP

Billing Information

Legal/Bill to Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Shipping Information (for multiple shipping addresses please attach on separate sheet)

Please check here if you do not have a commercial delivery address.

Ship to Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Any specific delivery instructions: _____

Name & Phone# to POC for deliveries _____

Specific door/dock for receiving: _____ Receiving Hours: _____

Type of Business/Industry: _____
(Example: Hospital, School, Contract Cleaner, etc.)

We prefer to have our original invoices:

- E-mailed to this email: _____
- Faxed to the following number: _____

We prefer the following:

- A revolving account be set up for Net 30 day term*
- To pay invoices immediately by Credit Card *-Include Page 5*
- To pay for each order at time of delivery (COD)

* Requires page 3 titled "Revolving Account Agreement" to be completed. Acceptable payment for invoices on account is EFT, Check or Cash. Credit Card payments on revolving accounts may incur a 2.5% fee.

Detroit: 1801 Howard Street, Detroit, MI 48216 ph 313.230.0770 fax 313.230.0771
Toledo: 3151 Hill Ave Toledo, OH 43607 ph 419.867.7722 fax 419.867.3377





Does your company require purchase orders: Yes No

Do you want pricing info printed on shipping documents: Yes No

Sales Tax Status: Nontaxable Taxable County: _____
(If nontaxable, please complete appropriate tax exemption certificate which is available on our website)

Person(s) authorized to purchase: _____

CONTACTS

Name/Person completing this form: _____ phone _____

AP Contact: Email order confirmation : Yes No
(AP Contact Info is Required)

Name: _____ Title: _____

Email: _____ Receive Email Delivery Alerts? : Yes No

Phone: _____ Receive Text Delivery Alerts? : Yes No

Delivery Contact: Email order confirmation : Yes No

Name: _____ Title: _____

Email: _____ Receive Email Delivery Alerts? : Yes No

Phone: _____ Receive Text Delivery Alerts? : Yes No

Purchasing Contact : Email order confirmation : Yes No

Name: _____ Title: _____

Email: _____ Receive Email Delivery Alerts? : Yes No

Phone: _____ Receive Text Delivery Alerts? : Yes No

Other Contact 1: Email order confirmation : Yes No

Name: _____ Title: _____

Email: _____ Receive Email Delivery Alerts? : Yes No

Phone: _____ Receive Text Delivery Alerts? : Yes No

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REVOLVING ACCOUNT AGREEMENT –

This page is required to be completed if you checked the box on page 1 requesting a revolving account

Legal Entity Name: _____

Please complete Type Of Business

Corporation Partnership Proprietorship LLC Other _____

Date Business Started: _____ State of Incorporation: _____

Tax Id#: _____

- I understand that I am agreeing to accept the responsibilities of having a revolving account opened in the account name listed above.
- I understand that this is a contract to pay and a failure to pay within terms constitutes a breach of contract.
- I agree to pay all invoices within 30 days from invoice date **(NET 30)** for purchases made on this account.
- In consideration of credit being extended, I agree to pay all reasonable collection costs and attorney fees, in the event I fail to pay when due and our account is referred to an attorney, collection agency, or small claims for collection.
- I understand that I may be required to complete a Personal Guarantee for this Account. If required to do so, I understand the failure to do so will result in a revolving account denial.
- I understand and agree that a 1.5% per month service charge will be assessed to my/our account for any invoices not paid within 30 days.
- I understand and agree that there will be a \$45.00 fee for checks returned by your bank.

I have read, understand, and agree to the terms listed above.

Signature: _____ Date: _____
(Must be an officer or owner of the company)

Printed name of signature above _____

Phone: _____ Email: _____

Title: _____



PAYMENT GUARANTEE

I, _____, residing at _____
(Guarantor's name) (home address, city, state, zip)

for good and valuable consideration, including the extension of credit, which I hereby acknowledge as having been received, do hereby personally guarantee and promise to pay any obligation to Allied Eagle Supply or its affiliate's demand for any indebtedness of _____ to Allied Eagle Supply or its affiliates, which may become due. (Company name)

This guarantee shall be a continuing and irrevocable guarantee and indemnity to Allied Eagle Supply or its affiliates.

I do hereby waive notice of default, non-payment and notice thereof and to jury trial and consent to all renewals and modifications of extension of credit.

Date: _____

Signature: _____

Printed Name: _____

Social Security Number: _____

Driver's License Number: _____

Telephone Number: _____

Email: _____

Bank Name: _____

Account Number: _____



Credit Card Authorization Form (CCAF)

All information will be kept confidential

PLEASE READ: This form MUST be completed in full, and signed by an authorized user of the credit card.

This form is required on ALL orders placed where a credit card will not be present.

Invoices that are not paid at the time of purchase will be subject to a 2.5% Processing Fee that will be added to the total amount charged. Pre-Paid invoices are not subject to the Processing Fee

One Time Purchase

One Time Purchase: By checking this box and signing this form you give **AlliedEagle Supply Company, Mellocraft, P.B. Gast & Sons** permission to charge your credit card for the amount indicated below on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits and/or credits to your account.

Keep my Credit Card on File

Keep on File: Account Terms change to Pre-Paid Credit Card. By checking this box and signing this form you have given **Allied-Eagle Supply Company, Mellocraft, P.B. Gast & Sons** permission to keep your credit card on file; you authorize Allied-Eagle Supply, Mellocraft, S.F. Strong to charge the credit card below for all agreed upon purchases. Card will be run when the order is processed. You also agree that you will pay for these purchases in accordance with the issuing bank cardholder agreement. *(This card will stay on file until we receive written notice to remove it)*

Detroit

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Fx. (313) 230-0771

Toledo

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Fx. (419) 867-3377

www.alliedeagle.com
info@alliedeagle.com

CREDIT CARD INFORMATION

Legal Name of Business: _____

Name as it Appears on Card: _____

Type of Credit Card: Visa MasterCard Discover Amex

Card No.: _____

Expiration Date: _____

CVV2

(3 digit # on back of Visa/MC or
4 digits on front of Amex)

Phone Number: _____

Billing address of Credit Card: _____

City: _____ State: _____ Zip Code: _____

Note: If this address does not match what is on file with your credit card company, it may cause a delay in the shipment of your order.

Invoice(s) to be paid: _____

Amount: \$ _____

Signature: _____ Date: _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

****PLEASE RETURN THIS FORM TO OUR ACCOUNTING DEPARTMENT****

pg. 5

EMAIL: newacct@alliedeagle.com