

# Credit Application



PH 425-282-6610  
FX 425-282-6611  
PO Box 3837  
Seattle, WA 98124-3837  
www.alaskatrafic.com

Information given by the undersigned will be held in strict confidence and used solely by Alaska Traffic Company, Inc. for the purpose of extending credit. Please complete and return to: P. O. Box 3837, Seattle, WA 98124-3837, fax to (425) 282-6611, or email to: ar@alaskatrafic.com.

Legal Name of Business \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Business Organization:**  Incorporated  Sole Proprietorship  Partnership  LLC  LLP  Not for Profit Organization

**Is the business a subsidiary or owned by another company? If so, please provide parent company information.**

Parent Company Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date Business Established \_\_\_\_\_ Date of Incorporation (if applicable) \_\_\_\_\_ State of Incorporation \_\_\_\_\_ State Tax ID# (if applicable) \_\_\_\_\_ Federal ID# \_\_\_\_\_

## PRINCIPAL OWNERS, OFFICERS AND PARTNERS (Attach separate sheet with additional information, if necessary)

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

### FOR SOLE PROPRIETORSHIPS OR PARTNERSHIPS

The undersigned is either a sole proprietor, a partner in a partnership, and individual who may be executing a personal guarantee in connection with the extension of credit to Applicant, or one of the principal stockholders of a corporation. I give permission to Alaska Traffic Company to obtain and utilize and individual credit report on me personally to determine my creditworthiness. This is intended to be and is a continuing guarantee and shall not be revoked except by written notice to creditor.

Today's Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### TRADE REFERENCES (Please list companies with whom you have open credit terms)

Business Name 1 \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Business Name 2 \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Business Name 3 \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Your Bank Name \_\_\_\_\_ Your Account Number \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

Applicant certifies that all information contained herein is true and correct. Applicant herein makes application to ALASKA TRAFFIC COMPANY (ATC) for open credit terms and/or to update and reconfirm our existing account and balance with Alaska Traffic Company. Applicant grants permission to Alaska Traffic Company to obtain credit reports and other information from its references and bank, and authorizes the credit references and bank reference to release information to Alaska Traffic Company that may be used to determine credit worthiness. Applicant agrees to pay all bills as rendered, and agrees to pay late charges of one and one-half percent (1.5%) per month on past due balances. **Credit terms are net 30 days from the invoice date, payable in US funds. Please note, Alaska Traffic Company does not accept credit cards as a form of payment.**

In the event payment is not made and this account is referred for collection through a collection agency or attorney, Applicant agrees to pay all costs of collection, including actual out-of-pocket expenses and collection fees. The laws of the State of Washington shall govern all contracts entered into between the Applicant and Alaska Traffic Company, and all disputes may be resolved within the Courts of the State of Washington.

Applicant agrees that Alaska Traffic Company may revoke credit at any time and for any reason, including a delinquent account, returned payments or change in credit status of said Applicant. **Applicant agrees to the credit terms shown above; these credit terms supersede any other terms unless both parties agree in writing.**

Today's Date \_\_\_\_\_ Name of Applicant or Agent Printed \_\_\_\_\_ Signature of Applicant or Agent \_\_\_\_\_ Title \_\_\_\_\_

**THE FEDERAL EQUAL CREDIT ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARTIAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, DC 20580.**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us at the address shown above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

# Customer Profile



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## BILLING INFORMATION

**Freight invoices should be sent to:**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Invoices require:

- Purchase Order     Bill of Lading Copy     Proof of Delivery     Other \_\_\_\_\_
- Mail invoices to address above
- Fax Invoices to: \_\_\_\_\_     Email Invoices to: \_\_\_\_\_

Accounts Payable Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**If paying through a 3rd party or freight payment plan, please provide the following:**

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

## SALES CONTACT INFORMATION (If applicable)

Sales Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## CONSIGNEE/DELIVERY INFORMATION (Optional)

**Please deliver freight to:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- This is a residence     This is not a residence

## ADDITIONAL CONTACT INFO FOR SHIPPING NOTICES, ETC. (Optional)

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Email Address \_\_\_\_\_

## INSURANCE INFORMATION (Optional—If you are a construction customer, please provide)

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## BOND INFORMATION

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## ALASKA TRAFFIC COMPANY'S ACCOUNTS RECEIVABLE INFORMATION

Alaska Traffic Company's Federal Tax ID # is 20-2130486. Our SCAC code is AKTC.

**Please remit payment to:**

Alaska Traffic Company • P.O. Box 3837 • Seattle, WA 98124-3837.

**Accounts Receivable Contact:**

Mark Tedeschi • Phone: 206-667-8095 • Email: mark.tedeschi@alaskatraffic.com

**Alternate contact:**

Diana Ferrier at Alaska Traffic Company • Phone: 425-282-6626, • Email: AR@alaskatraffic.com