



Totem Equipment & Supply, INC.
2536 Commercial Drive, Anchorage, Alaska 99501
P: 907.276.2858 | F: 907.258.4623 | www.toteminc.com



CREDIT APPLICATION

COMPANY NAME:

DATE:

BILLING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

FAX:

AK BUSINESS LICENSE:

FED TAX ID:

LOCAL & PHYSICAL ADDRESS
(DO NOT GIVE P.O. BOX
OR SRA ADDRESS)

NATURE OF BUSINESS:

☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE OWNERSHIP

HOW LONG HAS YOUR BUSINESS BEEN IN
OPERATION? (YEARS/MONTHS)

FOR OFFICIAL USE ONLY

ACCOUNT NUMBER:

ACCOUNT TYPE:

LIMIT:

SALES REP:

ACCOUNTING CODE:

APPROVED BY:

DATE APPROVED:

SIC CODE:

NAME:

SSN:

TITLE:

NAME:

SSN:

TITLE:

NAME:

SSN:

TITLE:

BANK:

BRANCH:

☐ YES ☐ NO

IF YES, BONDING COMPANY:

LOCAL AGENT:

PHONE:

ADDRESS:

ARE PURCHASE ORDERS REQUIRED?

LIST PERSONS AUTHORIZED TO CHARGE:

CREDIT REFERENCES

(FILL OUT COMPLETELY)

1. Applicant hereby gives permission to Totem Equipment & Supply, Inc to make any inquiries deemed necessary to make a credit determination. Applicant also authorizes the following references to release the requested information on my account for credit purposes.
2. If possible, use local business references. These will help expedite the processing of your application.
3. We are unable to use any personal credit references such as Penny's, Sears or Oils and Utility Companies.
4. If you have no references other than bank, etc. contact our credit department.

Account Number:

Firm Name:

Address:

City, State, Zip:

Phone: Fax:

Account Number:

Firm Name:

Address:

City, State, Zip:

Phone: Fax:

Account Number:

Firm Name:

Address:

City, State, Zip:

Phone: Fax:

Note: In order for us to process your credit application in a timely manner, we need the above information filled out completely. If a section is not applicable, please mark it as such. Failure to complete this form will delay processing of credit application.

PERSONAL AND INDIVIDUAL GUARANTEE

THE UNDERSIGNED STATED THAT HE, SHE OR THEY UNDERSTAND THE CONTENTS OF THIS DOCUMENT. The undersigned agree to be personally and individually liable to Totem Equipment & Supply, Inc. for all debts that have been incurred by their firm. Corporation, Partnership or other entity represented. The undersigned agree purchased, they are immediately and individually liable for the debts plus all interested and carrying charges, attorney fees and collection costs. The undersigned further agree that only consideration of their signing this agreement of personal liability has credit been extended to the business entity. The undersigned further understand that if debt remains unpaid for thirty (30) days after the date of purchase, that there is a late charge of 1.5% per month (18% per annum) is prohibited by applicable law, then the rate charged on the unpaid balance shall be the highest rate allowed by law. The undersigned further agree to give thirty (30) days notice of cancellation of this agreement in writing and that Totem Equipment & Supply, Inc. may cancel credit to the business entity if any one signatory withdraws their guarantee. The undersigned further agree to give notice of any change in address within 30 days of address change.

I have read the above and understand and agree to individually guarantee my business entity's debt in full.

Dated this _____ day of _____, 20____

Please sign as individuals - Do not include titles

Signatures of Owners / Officers Required. (as indicated on front page)

Signed in my individual capacity as Guarantor

Signed in my individual capacity as Guarantor

Signed in my individual capacity as Guarantor

Signed in my individual capacity as Guarantor

PERSONAL CREDIT AUTHORIZATION

I hereby authorize Totem Equipment & Supply, Inc. to access my personal credit history through a credit bureau. This information will be kept in the strictest confidence.

Signature

Date

Last Name: First Name: MI:

Spouse's Name:

Home Address: How long?:

SSN: Spouse's SSN:

Previous Address (if within last three years) How long?:

Employer's Name: How long have you been employed there?

Employer's Address: