## Alpha-Liberty Company, Inc.

P.O. Box 276 West Chester, OH 45071 513-777-1525 Fax: 513-777-0819 customerservice@alphaliberty.com

## **Credit Application**

Company:				
Company Address:				
Telephone:		Contact Name:		
Fax:		Federal Tax ID No.:		
Type of Business (Partnership, Corp., etc.):		Years in Business:		
Partne	ers or Corp	orate O	fficers	
Name		Title		Telephone
	Bank Refe	erences		
Bank Name & Address	Acco	unt Numb	er(s)	Contact Name & Phone
	Trade Ref	erences		
I certify that the above information is true.	This informa	ation is to	be used o	nly for opening an account.
Signature	Title			Date