New Customer Account Packet

Company / Legal Information

Company Name _____

Billing Address _____

Phone Number _____ Fax Number _____

Accounts Payable / Billing Contact

AP Contact Name _____

AP e-mail _____ AP Phone _____

Email for Statements / Past-Due Notices (if different from AP) _____

Tax Information

Is your company tax exempt? ☐ Yes ☐ No If yes, attach exemption certificate(s).

States where exemption applies: _____

Purchasing / Project Contacts (optional)

Primary Purchasing Contact _____

Project Manager / Coordinator Contact _____

Shop Drawing Review Contact _____

Shipping / Receiving Contact _____

Shipping Notification Email(s) _____

Are Purchase Order Numbers required? ☐ Yes ☐ No

Avalon Sales Representative / Contact: _____

Referred By / How did you hear about Avalon? _____

Customer / Account Type (select all that apply):

☐ Architect	☐ Hardware Distributor	☐ General Contractor	☐ DIV 8 Installer
☐ End Client/Owner	☐ Glass House	☐ Subcontractor	☐ Other: _____

Please attach a completed IRS Form W-9 and return to accounts@avalon.solutions

Payment Terms

Avalon's standard payment terms for new customers are:

50% deposit due at shop drawings 50% balance due prior to shipment

Credit terms are not automatic. Customers requesting credit terms must complete the credit application section. Any credit terms must be reviewed and approved in writing by Avalon.

Please note that the first order remains subject to standard new-customer payment terms, even if a credit application is submitted during the account setup process. Approved credit terms, if any, will apply only to future orders unless otherwise agreed in writing by Avalon.

Preferred Payment Method: ACH / Bank Transfer

Avalon prefers ACH payment when available. Please contact Avalon Accounts Payable/Receivable directly if your accounting department requires bank verification or vendor setup documentation.

For our ACH or bank details, email accounts@avalon.solutions or call (503) 885-9494.
Remittance Email: accounts@avalon.solutions

Customer Acknowledgments

☐ We have reviewed and agree to Avalon International Aluminum's Terms & Conditions.
☐ We understand that custom material may require deposits and/or payment prior to shipment unless credit terms are approved in writing.
☐ We understand that shipment may be held for overdue balances, unpaid deposits, or accounts exceeding approved credit limits.
☐ We understand that tax exemption certificates must be provided before invoicing to avoid sales tax where applicable.

Authorized Representative Name: _____

Title: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Credit Application (optional)

AVALON INTERNATIONAL ALUMINUM

Requested Credit Limit: _____

Estimated Annual Purchases / Anticipated Project Volume:

☐ Under $25,000 ☐ $50,000–$100,000 ☐ Over $250,000
☐ $25,000–$50,000 ☐ $100,000–$250,000 ☐ Unknown

Years in Business _____

Parent Company, if applicable _____

Federal Tax Classification:

☐ Individual / Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Other: _____

☐ LLC taxed as: ☐ C Corp ☐ S Corp ☐ Partnership ☐ Disregarded Entity

Has the company or any principal filed bankruptcy in the past 7 years? ☐ Yes ☐ No

Are there any pending liens, judgments, or collection matters? ☐ Yes ☐ No

Trade References: (may use attachment)

Reference 1:

Company: _____ Contact: _____

Email: _____ Phone: _____

Account #: _____ Terms: _____

Reference 2:

Company: _____ Contact: _____

Email: _____ Phone: _____

Account #: _____ Terms: _____

Reference 3:

Company: _____ Contact: _____

Email: _____ Phone: _____

Account #: _____ Terms: _____

The undersigned represents that they are authorized to bind the Applicant to this Credit Application and Avalon International Aluminum, LLC's attached Standard Terms and Conditions, and authorizes Avalon to investigate the Applicant's creditworthiness. In consideration of credit extended, the undersigned personally and unconditionally guarantees payment of all amounts owed by the Applicant, including reasonable attorneys' fees and collection costs. Payment terms are Net 30 days with no retention unless otherwise agreed in writing.

PERSONAL GUARANTOR _____ DATE _____

PRINT NAME _____ TITLE _____