

1 Hillside Drive
Wolcott, CT 06716
Tel: 800-832-5336
Fax: 203-879-6097

New Preferred Dealer and Net 30 Terms Application

Please Complete Both Sides and Must Be Signed

Gabit® Gabit®pro Gabit®micro Drill-out® Ease out®

Date: _____

Business or Corporate Name _____ **(Area Code) Phone Number** _____

Fax Number _____ **E-Mail Address** _____

Billing Address _____

City _____ **State** _____ **Zip** _____ **Country** _____

Shipping Address _____

City _____ **State** _____ **Zip** _____ **Country** _____

Sales Tax Number _____ **EIN#** _____ **Contact Person** _____

BUSINESS FACTS

Sole Proprietorship Partnership Corporation Date of Incorporation _____ Is Business a Subsidiary? No Yes

Franchise? No Yes If yes, name parent or franchiser _____ How Long in Business? _____ Years

Number of Employees _____ Expected Monthly Purchases from Alden \$ _____

Accounts Payable Contact _____

Is Your Inventory Used for Collateral? No Yes If Yes, Name of Lender _____

PERSONAL DATA OF OWNER-OFFICERS-PARTNERS

Name and Title _____

Home Address _____

City, State, Zip, Country _____

Home Phone Number _____

Social Security Number _____

Length of Time at Above Address _____

Name and Title _____

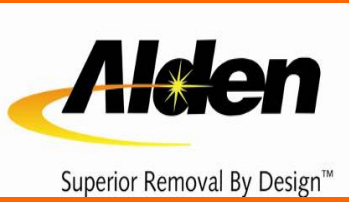
Home Address _____

City, State, Zip, Country _____

Home Phone Number _____

Social Security Number _____

Length of Time at Above Address _____



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Please indicate below what best describes your primary business. Check all that may apply:

- Hardware Store
- Hardware Store (Chain)
- Distributor
- On line Store
- Wholesaler
- Industrial (Catalog only)

OTHER _____

Comments:

Please list other warehouse distributors or major suppliers. (List at least 3.)

Contact 1

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

Contact 2

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

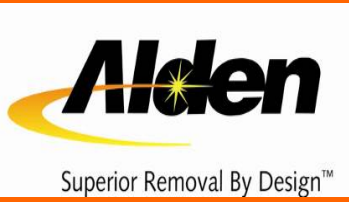
Contact 3

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

Contact 4

Name Address	City	State
(Area Code) Phone Number	Fax Number Required	

Please list or mention any information you feel we will need to process your request to stock our product and obtain Net 30 day terms:



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NOTE: Applicant's signature attests financial responsibility, willingness and ability to pay our invoices in accordance with the payment terms which may be granted and in accordance with Alden Corporation published terms and policies as may be revised from time to time. A service charge of \$25.00 will be charged on any returned checks. If a check is returned twice for any reason, the account will be placed on cash only.

Applicant also assumes responsibility for all bills contracted in his name at the designated address, and, if required to collect delinquent accounts, all collection agency, attorney expenses and court costs. The information given herein is for the purpose of obtaining a wholesale account and is warranted to be true. I/We understand that completion of this application does not constitute an offer to sell or an authorization to buy from Alden Corporation. I/We hereby authorize the firm to whom this application is made (Alden Corporation) to investigate the references listed. We have read and fully understand the above.

Signature _____ Date _____
 Title _____ Firm Name _____

PLEASE SIGN HERE FOR NET 30 TERMS

Signature _____ Print _____ Date _____

PLEASE SIGN HERE FOR CREDIT CARD TERMS

Signature _____ Print _____ Date _____

FOR ALDEN CORPORATION USE ONLY

Date Received _____ Approved By _____ Date Approved _____

Ship via _____ Route / Day / Stop:MI0/UP0/SB0/EXP0000 User1:1-2-4 P / L _____

Taxing State _____ Taxable: Yes or No Mailing Code _____ Salesman In: _____

Customer Number _____ Password _____ Date Entered _____ Contact Date _____

NOTES: