A&M Account Exec:_____

Customer #:_____

CREDIT APPLICATION

BUSINESS INFORMATION

Company Name: _____ Tax ID#: _____

Billing Address: _____ Shipping Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Business Type: ☐ Corporation ☐ Partnership ☐ LLC/LLP ☐ Proprietorship

Type of Business: _____ Number Of Years In Business: _____ Number Of Years at Billing Address _____

Purchasing Contact Name: _____ Accounts Payable Contact Name: _____

Preferred Invoicing Method: ☐ Mail ☐ Fax ☐ Email A/P Phone: _____ A/P Fax: _____

If Email Preferred, Provide Email Address: _____ A/P Email: _____

BANKING INFORMATION

Name of Bank: _____ Bank Account #: _____

Bank Street Address: _____ City: _____ State: _____ Zip: _____

Bank Phone: _____ Bank Fax: _____

Authorized Signature Of Release Information: _____

Name (Print): _____ Title: _____

TRADE REFERENCES (A listing on your letterhead is acceptable)

Name: _____ Name: _____

Contact Name: _____ Contact Name: _____

Billing Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Name: _____ Name: _____

Contact Name: _____ Contact Name: _____

Billing Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

A&M terms are Net 30 days. Service charge @1.5%/month on past due accounts (18% per year.) Collection agency and attorney fees will be charged when account is turned over for collection. I/We have read and understand the above terms and conditions, and by my/our signature(s) agree to abide by the same.

The undersigned has the authority to enter into this agreement on behalf of _____

Date: _____ Signature _____

Name (Print): _____

Title: _____