



Customer Information / Credit Application

CUSTOMER NAME _____

DATE: _____

ADDRESS _____

DELIVER TO ADDRESS

1st Name / Title _____

PHONE # _____

CELL # _____

FAX # _____

E-MAIL _____

HOME PHONE # _____

SS # _____

2nd Name / Title _____

PHONE # _____

CELL # _____

FAX # _____

E-MAIL _____

HOME PHONE # _____

SS # _____

BILLING NAME / CONTACT _____

ADDRESS _____

PHONE # _____

CELL # _____

FAX # _____

E-MAIL _____

CREDIT REFERENCES (IF NO CREDIT INFORMATION IS PROVIDED, THEN C.O.D. TERMS WILL APPLY)

1 Company _____

Contact: _____

Address _____

Phone # _____

Fax # _____

2 Company _____

Contact: _____

Address _____

Phone # _____

Fax # _____

BANK Name _____

Account # _____

Address _____

Phone # _____

Fax # _____

We accept Cash - Check or Credit Card Payment

MC: _____

VISA: _____

ACCOUNT #: _____

Expiration Date: _____

Security Code: _____

Signature: _____

Billing Zip Code: _____

ST-3 Resale certificate [] ST-4 Tax Exempt certificate [] Key Program Candidate [Y] [N] - Have Key []

****Application for credit is hereby made and the above reference given. It is understood this information will be held in strictest confidence and used only by the Credit Dept for purpose of granting a line of credit

TERMS AND CONDITIONS

The Applicant agrees that payment will be made in accordance with terms stated on each invoice, and understands that orders may be delayed from shipment due to late payment or non payment. The undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct, agreed that any credit extended shall be in accordance with the terms and conditions set forth in this application, and agrees to be bound by them. The undersigned agrees to keep this application and the information contained in it current and to immediately notify creditors of any and all changes in the information provided. Further the undersigned gives American Wholesale Service authorization to inquire and pull credit reports and contact credit references for the sole purpose of granting a line of credit.

Customer (PRINT) _____

Customer Signature _____

Please note any additional information specific to your account on the back of this form

AWS Internal Use Only:

Account # _____

Terms: _____

Salesman: _____

Approval: _____

PAYMENT OPTION

VISA

MC

AMEX

CC ACCOUNT # _____

EXP Date _____

Name on Credit card _____

Signature on file _____