



1546 N. ARGYLE AVENUE  
HOLLYWOOD, CA 90028-6410  
info@ametron.com  
Rentals & Repair (323)466-4321  
Sales & Installation (323)462-1200  
Parts & Accessories (323)464-1144  
Fax (323)871-0127  
State Lic. # 753362

# CREDIT APPLICATION

Company \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Company Officers: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business:  Corporation  Partnership  Proprietorship

Years in Business \_\_\_\_\_ Amount of Credit Requested \_\_\_\_\_

Do You Use Purchase Orders?  Yes  No If no, authorized persons to charge on your account:

Rated in D&B?  Yes  No Rating \_\_\_\_\_

## Bank Reference:

Bank \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Person \_\_\_\_\_

## Credit References:

Company \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Person \_\_\_\_\_

**The undersigned applicant hereby authorizes Ametron to contact the references listed above and authorizes such references to release credit information to Ametron. Applicant understands that any invoices not paid by the tenth (10th) day of the following month will be charged 1.5% interest per month or the highest legal limit, whichever is less.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_