

# CREDIT APPLICATION

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

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

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 # \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person \_\_\_\_\_

## Credit References:

Company \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person \_\_\_\_\_

Company \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person \_\_\_\_\_

Company \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person \_\_\_\_\_

**The undersigned applicant hereby authorizes Ametr<sup>on</sup> to contact the references listed above and authorizes such references to release credit information to Ametr<sup>on</sup>. 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 #