Phone 910-251-0008 Fax 910-251-0095

Application for Credit



Company Name Mailing Address Street Address

Accounts Payable Contact Info:					
Name			Email		
Telephone			Fax		
Corporation	Gov	't Agen	су	Partnership	Individual
Fed ID # or Social Security #				In business s	ince
Tax Exempt?	Yes	No	(Please include certificate if tax exempt)		
Company Represe	entatives:				
Name	Address				
Name	Address				
Principal Commercial Bank					
Contact	Pho			Fax	
Trade References:	:				
Company Name	Address				
Contact	Phone			Fax	
Company Name	Address				
Contact	Phone			Fax	
Estimated Monthly	Purchase	S		Credit Line Re	equested
Applicant hereby requests and authorizes all references to release credit information to Advanced Maintenance, and authorizes a credit report for any corporation, corporate officer, partner, or owner to be issued to Advanced Maintenance. By signing this application, applicant authorizes Advanced Maintenance to process or otherwise manage credit information in any manner deemed appropriate by Advanced Maintenance. Applicant represents that he has read and agrees to be bound by all terms, conditions, and agrees to payment terms of net 30 days from date of invoice unless otherwise specified in writing.					
Authorized Signature		F	Printed nan	ne and title	Date