



**CONFIDENTIAL CREDIT APPLICATION**

Print, complete and fax to 1-201.664.1175 or open in Adobe Acrobat, complete and e-mail to nsees@amftgs.com

Company Name: \_\_\_\_\_

Bill To Address: \_\_\_\_\_ Ship To Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Principle Contacts: Branch Mgr. \_\_\_\_\_

Purchasing Mgr. \_\_\_\_\_

Credit Mgr. \_\_\_\_\_

Sales Mgr. \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ D&B # \_\_\_\_\_

**Trade Credit References**

Company & Contact Name Address City & State Phone #'s

1) \_\_\_\_\_ ( ) \_\_\_\_\_

2) \_\_\_\_\_ ( ) \_\_\_\_\_

3) \_\_\_\_\_ ( ) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Officer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Line Requested \_\_\_\_\_ Estimated Monthly Purchases \_\_\_\_\_

*The above information is provided for the purpose of extending credit to our company on your terms of 2% 10 days, net 30 days. To the best of our knowledge and belief, this information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.*

Authorized Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_