

# Credit Application Form

## Company Information

Name _____	In business since _____	Tax ID# _____
Address _____	Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
_____	President/Partner/Owner _____	
_____	Controller/Partner _____	
Phone _____	A/P Contact _____	
Fax _____	Email address _____	

## Bank Reference

Name _____	Accct # _____
Address _____	Phone _____
_____	Fax _____

## Business References

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____
Contact _____	Contact _____
Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____
Contact _____	Contact _____

## Terms & Conditions

Applicant agrees to make payment within 30 days of the billing date on all AmeriKen invoices. Applicant further agrees to pay a late payment penalty of 1.5% per month (18% annually) on any unpaid balance due. The applicant agrees to indemnify AmeriKen for all expenses incurred in connection with the collection of amounts payable, including collection fees, court costs, and attorney's fees. By signing below you are agreeing to these Terms and Conditions as well as submitting your business information for credit consideration.

Date \_\_\_\_\_ Signature \_\_\_\_\_



Serving the diemaking and diecutting industry since 1953.

**Fax this completed form to 775.882.4782**

**AmeriKen**

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