

## **APPLICATION FOR CREDIT**

Business Name:		
Telephone Number:	Fax Number:	
Contact:		
E-mail Address:		
Contact:		
E-mail Address:		
Shipping Address:		
City:	State: Zip Code:	
Billing Address:		
City:	State: Zip Code:	
Accounts Payable Contact:		
E-mail Address:		
Telephone Number:	Fax Number:	
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Type of Business: ( ) Sole	Proprietorship () Partnership () Corporation	
Name of principal Owner:		
Federal Tax ID:	Social Security #:	
(If corporation) (If proprietorship or general partner)		
How long have you been in business under this name?		
Previous Company Name or Dba's (if any):		
-	•	
TRADE REFERENC	ES (Provide a minimum of four)	
Name:		
Position:		
E-mail:		
Telephone #		
Fax #:		
Name:		
Position:		
E-mail:		
E-mail:		
E-mail: Telephone #		
E-mail: Telephone # Fax #:  Name:		
E-mail: Telephone # Fax #:		
E-mail: Telephone # Fax #:  Name: Position: E-mail:		
E-mail: Telephone # Fax #:  Name: Position:		

Name:	
Position:	
E-mail:	
Telephone #	
Fax #:	
Name:	
Position:	
E-mail:	
Telephone #	
Fax #:	
	<u> </u>
BANK REFERENCES (Optional)	
Name:	
Position:	
E-Mail:	
Account #:	
Fax #:	
Phone #:	
Name:	
Position:	
E-Mail:	
Account #:	
Fax #:	
Phone #:	
CREDIT LINE REQUIRED: SALES	REP:
Authorized applicant signature:	
Applicant print name:	

## **NOTE:** TERMS ARE NET (30) THIRTY DAYS!

## "NET 30 DAYS POLICY"

For our customers with a Credit Line, AMLP has terms of "**Net 30 days**", which indicate that AMLP must receive payment within 30 days of the invoice date; otherwise, your account may be subject to be placed on credit hold until payments are received and/or to a credit review, where the Credit Line and/or your External Credit Rating may be affected.

To reduce the days in transit of the invoices and the payments through the regular mail service, we can set your company to receive our invoices via email (the next day invoice is issued) and/or we can also receive payments via Wire Transfer and/or Overnight Packages\*.

AMLP is EDI certified.

Should you have any questions, please feel free to contact me.

Felipe Cruz – AMLP SSC AR Facilitator 5601 Executive Dr, Suite 650, Irving, TX 75038 Ph: (214) 583-5106 ext. 3179 Fax: (972) 232-5188

\*Customer is responsible for the payment of the Overnight Mailing Services.