

# Credit Application

611 Jamison Rd. Suite 1059  
Elma, NY 14059 | 888-864-7786



COMPANY INFORMATION			
Legal name of Firm			
Trade Name			
Phone	Fax	Fed Tax ID #	
Street Address			
City	State	Postal Code	
Year Established	D&B Number	Amount of Credit Requested	
Business: <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
ACCOUNTS PAYABLE & BANK INFORMATION			
Accounts Payable Contact			
Email		Phone	
Bank Name		Bank Contact	
Bank Address		Bank Phone:	
City	State	Postal Code	
BUSINESS/TRADE REFERENCES			
<b>Company Name</b>		<b>Company Name</b>	
Contact Name		Contact Name	
Address		Address	
City	Postal Code	City	Postal Code
Phone	Fax	Phone	Fax
Email (REQUIRED)		Email (REQUIRED)	
<b>Company Name</b>		<b>Company Name</b>	
Contact Name		Contact Name	
Address		Address	
City	Postal Code	City	Postal Code
Phone	Fax	Phone	Fax
Email (REQUIRED)		Email (REQUIRED)	
AGREEMENT			
1. All invoices are to be paid 30 days from the date of invoice.		4. By submitting this application, you authorize American Technologies, LLC. to make inquiries into the banking and business/ trade references that you have supplied.	
2. All orders require a purchase order.		5. All past due invoices will be subject to a 2% monthly finance charge.	
3. Claims arising from invoices must be made within seven business days.			
Applicant Authorized Name (Print or Type)	Title	Date	