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by Associated Marketing Concepts

# APPLICATION FOR A 30 DAY ACCOUNT

Date \_\_\_\_\_, 20\_\_\_\_  
Company \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The following information is submitted for your consideration as a basis of extension of credit to us:

We are \_\_\_\_\_ We have been established \_\_\_\_\_ years.  
(TYPE OF BUSINESS)

Our legal entity is:  Corporation  Limited Liability Corporation  Co-Partnership  Proprietorship  
(If a corporation, list names of officers. If other entity, list name(s) of owner(s) or partners.)

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

Accounts Payable Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Annual Sales Volume \$ \_\_\_\_\_ Number of Employees \_\_\_\_\_ Desired Credit Limit \$ \_\_\_\_\_

The following are 4 trade references that we are presently doing business with.  
(NOTE: PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE, AND ZIP)

Company Name	Street Address	City, State, Zip	Phone Number

We Bank at: \_\_\_\_\_ (NOTE: PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE, AND ZIP)  
Bank Name \_\_\_\_\_ Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Tax Exempt/Resale # \_\_\_\_\_ (Please attach certificate)

## Authorization to Release Information

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Authorized By \_\_\_\_\_  
Title \_\_\_\_\_

Customer Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_