



Rev: 1.2  
Date: 1/19/2020

**COMPANY INFORMATION**

Full Legal Name/Business Entity:	Phone#:	Fax#:
Doing Business As (DBA):	Website:	
Billing Address:	City:	State: Zip:
Warehouse Address:	City:	State: Zip:
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	DUNS#	
No. of Employees:	Year Established:	Annual Sales: Type of Business:
* Send copy of company's W-9 form and re-sale tax certificate		

**OWNER/OFFICER(S) INFORMATION**

(1) Full Name:	Title:	Phone#:	Email:
Address:	City:	State: Zip:	Phone#:
(2) Full Name:	Title:	Phone#:	Email:
Address:	City:	State: Zip:	Phone#:

**BANK REFERENCES**

Bank Name:	Account Number:	Contact:
Address:	City: State: Zip:	Phone#:

**ACCOUNTING CONTACTS**

Full Name	Title:	Phone #	Email:
Full Name	Title:	Phone #	Email:
Full Name	Title:	Phone #	Email:

**TRADE CREDIT REFERENCES**

Please supply us, on your company's letterhead, at least three (3) Trade Credit References with whom you have done business with within the last 60 days. Please include contact name, address, phone, fax number(s), along with your account number, if applicable. A copy of your current State Sales Tax Exemption will also be required. Please note that the credit process will move quicker with accurate information. NOTE\*\* Must purchase 1-2 times prior to requesting credit terms.

*We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer, and /or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension and continuation of credit shall be in the sole discretion of the Creditor.*

**Authorized Signature & Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*(Required)\***Please return form to [Sales@amp-aero.com](mailto:Sales@amp-aero.com)