

## **Credit Application Form**

Please fill out and fax this form to: (800) 767-9722

The following information must be completed in full, and will be kept in the strictest confidence.

PART 1										
COMPANY NAME:		PHONE:			FAX:					
BUSINESS/BILL TO ADDRESS:					I			EMAIL:		
CITY:	STATE:			ZIP CODE:		COUNTRY	TRY:			
PART 2										
		CI	URRENT MAJOR S	UPPLIER	S 1					
NAME:			PHONE:			FAX	FAX:			
ADDRESS:				I				Email:		
CITY:			STATE:					ZIP CODE:		
ACCOUNT #:		TERMS:	1			CREDIT LIN	E \$:	\$:		
		CI	URRENT MAJOR S	UPPLIER	S 2					
NAME:				PHONE:			FAX	FAX:		
ADDRESS:							EMA	EMAIL:		
CITY:			STATE:						ZIP CODE:	
CCOUNT #: TERMS:			1	CREDIT LINE				\$:		
		CI	URRENT MAJOR S	UPPLIER	S 3					
NAME:				PHONE:			FAX	FAX:		
ADDRESS:							EMA	AIL:		
ITY:		STATE:				ZIP CODE:				
ACCOUNT #:	T #: TERMS:		1	CREDIT LIN			E \$:			
PART 3										
			BANK REFER	ENCE						
BANK NAME:			PHONE:				FAX:			
ADDRESS:				1			EMA	AIL:		
CITY:			STATE:						ZIP CODE:	
ACCOUNT #:						DATE OPE	ENED:			
PART 4										
	IFY THA	T ALL OF TI	HE ABOVE INFOR	MATION	ON THIS FORM	IS CORREC	т.			
<b>Read Carefully:</b> I personally guarantee all c I further agree to keep within your terms of	debts ind	curred by the	e firm listed in Pa	rt (1) of	this applicatior	n form and	accept			

attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney fees, and the cost of such suit. A late charge of 1-1/2% will be charged on all past due accounts. Unit credit approval can be obtained, new accounts will be shipped C.O.D. Cash or Credit Card.

## Authorized Signatures on account: X

Name: \_\_\_\_\_\_



## Authorization to Release Credit Information

Please fill out and fax this form to: (800) 767-9722

The following information must be completed in full, and will be kept in the strictest confidence.

In connection with a request for an open account with ACM Technologies, Inc., I hereby authorize you to release information to ACM Technologies, Inc. regarding credit history, checking and savings accounts and/or loan experience.

COMPANY NAME:		
APPLICANT'S NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
DATE:		

## Applicant's Signature:

v	

Date: \_\_\_\_\_

ACM understands that this information will be kept in the strictest confidence between your organization and ACM Technologies, Inc.