



CREDIT APPLICATION

Legal Company Name: _____
(as it appears on your tax records)

Billing Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Telephone:** _____

E-Mail: _____ **Fax:** _____

Shipping Address (complete ONLY if different from Billing address): _____
_____ **City:** _____ **Zip Code:** _____

ORGANIZATION INFORMATION: Taxpayers I.D. Number: _____ Taxable? Y _____ N _____

For Sales Tax purposes which County is your business located? _____ If you are not taxable it is your responsibility to remit either a tax exempt , re-sale certificate or export documentation at the time of purchase.

For invoicing purposes, does your Company do business under the legal name or do you use another name? _____ If a DBA name is used, what is it? _____

How many years have you been in business? _____ How many locations do you have? _____

Check one of the following:

Incorporated Partnership Sole Proprietorship Other. If Other, please specify: _____

List Purchasing Contact Name / Cellular Ph. # / & E-Mail Address: _____

Accounts Payable Contact Name / Phone / E-Mail Address: _____

Does your Company Use Purchase Orders? _____ If your company requires PO's, goods or services will not be released until the required documentation is received by us so please be prepared to give a PO # when making a purchase.

P.O. Department Name & Telephone Number: _____

CREDIT REFERENCES

BANKING CREDIT REFERENCE INFORMATION:

Bank Name: _____ Telephone Number: _____

Address: _____ City: _____ Zip: _____

Banker's Name: _____ Fax #: _____ Acct. #: _____

TRADE REFERENCE INFORMATION:

(1) **Vendor Name:** _____
Your Account Number _____
Vendor Address: _____
Telephone: _____ **Fax:** _____ **Contact:** _____

(2) **Vendor Name:** _____
Your Account Number _____
Vendor Address: _____
Telephone: _____ **Fax:** _____ **Contact:** _____

(3) **Vendor Name:** _____
Your Account Number _____
Vendor Address: _____
Telephone: _____ **Fax:** _____ **Contact:** _____

(4) **Vendor Name:** _____
Your Account Number _____
Vendor Address: _____
Telephone: _____ **Fax:** _____ **Contact:** _____

I hereby give AKS Technologies, Inc. permission to request a Credit Check on any of the Vendors / Banking Information provided. If extended credit I also acknowledge the credit terms are N/30 days from date of invoice which is the shipment or pick-up date of the goods sold.

Duly Authorized Company Officer's Printed Name: _____

Signature: _____

Date: _____

Once completed please fax back to 281-987-7677. Thank you.

