



# 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.

