



Welcome to the end of the day.™

## Application for Credit

AmericInn® Address: \_\_\_\_\_

Please fax back to: ( \_\_\_\_\_ ) \_\_\_\_\_

### Customer Information

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

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Business Type:  Corporation  Partnership  Individual  Other

### Principals, Partners or Corporate Officers

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### Banking References

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

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Account Number: \_\_\_\_\_

### Trade References

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

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Terms: Payment will be due upon receipt of invoice. A charge (1.5% per annum) will be made on accounts not paid within 30 days of invoice date. If this account is more than 60 days outstanding from invoice date, AmericInn reserves the right to cancel all future credit. We agree to make all purchases subject to these terms. We also agree to pay all costs of collection and reasonable attorney's fees should it become necessary to refer the account to an attorney. We hereby authorize said bank and credit references to release all information necessary to the establishment of this account.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_