



AAM Extras

CONTROL COMPENTS FOR AMERICAN AUTO-MATRIX SYSTEM INTEGRATORS

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CREDIT APPLICATION

Legal Business Name:		
Mailing Address:		
City:	Prov/State:	Postal Code/Zip:
Shipping Address:		
City:	Prov/State:	Postal Code/Zip:
Telephone No.:	Fax No.:	
IRS #:	PST #	GST #
Sales & Use Tax #:		
Principals/Managers:		
1.	Phone No:	
2.	Phone No:	
Comptroller/Account Contact:	Phone No:	
TRADE REFERENCES		
Name:	Phone No:	
Address:	Fax No:	
Name:	Phone No:	
Address:	Fax No:	
Name:	Phone No:	
Nature of Firms Business:	Years in Business:	
# Employees:	Annual Sales:	Estimated Annual Purchases:
Associated Companies:		
Bank:	Contact:	
Address:	Phone No:	
IS A STATEMENT REQUIRED FOR YOUR RECORDS?	YES?	NO?
<p>I AM AN OFFICER AUTHORIZED TO SIGN FOR THE APPLICANT COMPANY, AND I HEREBY AUTHORIZE AAM EXTRAS TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY ON THE AFOREMENTIONED COMPANY, ITS AFFILIATES OR PRINCIPALS IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENT. ALL COSTS INCURRED TO COLLECT PAST DUE INVOICES WILL BE THE RESPONSIBILITY OF THE APPLICANT COMPANY.</p> <p>***TERMS ARE NET 30 DAYS - Will you be able to meet these requirements? YES? _____ NO? _____</p>		
Signature:	Title:	Date: