



CREDIT APPLICATION FORM

APPLICANT INFORMATION

Company Name: _____ Date Submitted: _____
Address: _____
Phone: _____ Fax: _____
Website: _____ Email: _____

Important Notes

1. In order to provide you with the best possible service and timely response, please complete this form entirely. We ask that you pay particular attention to the Trade References section of the Application.
2. Please be sure to have all appropriate parties sign where requested, giving your permission to complete the credit investigation.
3. This Credit Application represents neither an offer to sell products nor an offer to extend credit to the Applicant. All Information contained herein is considered confidential and will be accessible only to Accounting Department personnel as needed.

**If you have any questions regarding this Application,
Please contact us at (636) 922-4920**

Page 1 of 4

Ameritops, Inc.
4145 Industrial Dr., St. Peters, MO 63376

Phone: 636-922-4920
Fax: 636-922-4930

Full Legal Business Name: _____ Taxpayer I.D. _____
Doing Business As: _____ Yrs. In Business: _____

LOCAL OFFICE INFORMATION

Address: _____
Phone: _____
Fax: _____
Email: _____

SHIPPING ADDRESS (if different)

Address: _____
Phone: _____
Fax: _____
Email: _____

PARENT COMPANY INFORMATION (if applicable)

Address: _____

Phone: _____
Fax: _____
Email: _____

COMPANY STRUCTURE (circle one)

Sole Proprietor
Partnership
Corporation
LLC
Other (describe): _____

OWNERSHIP INFORMATION (Please Complete for up to 3 principal owners)

Principal #1

Name: _____ Title: _____ Social Security #: _____
Home Address: _____

Principal #2

Name: _____ Title: _____ Social Security #: _____
Home Address: _____

Principal #3

Name: _____ Title: _____ Social Security #: _____
Home Address: _____

PERSONS AUTHORIZED TO ORDER PRODUCT FROM AMERITOPS, INC.:

1. _____ 2. _____ 3. _____
Accounts Payable Contact: _____ Title: _____
Phone: _____ ext: _____ Email: _____

REFERENCES

BANK REFERENCE

Bank Name: _____ Contact: _____
Account #: _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

BUSINESS REFERENCES

1. Vendor Name: _____ **Contact:** _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

2. Vendor Name: _____ **Contact:** _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

3. Vendor Name: _____ **Contact:** _____
Address: _____ City: _____
_____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

THE UNDERSIGNED WARRANTS THAT HE/SHE IS AUTHORIZED TO EXECUTE THIS CREDIT APPLICATION ON BEHALF OF THE APPLICANT; WARRANTS THAT THE INFORMATION CONTAINED IN THIS CREDIT APPLICATION IS TRUE, CORRECT AND COMPLETE; AND GRANTS PERMISSION FOR AMERITOPS, INC. TO INVESTIGATE THE REFERENCES PROVIDED, INCLUDING BOTH COMMERCIAL AND CONSUMER CREDIT CHECKS. THE APPLICANT AGREES TO PAY AMERITOPS, INC., OR ITS ASSIGNS' WITHIN THE TERMS OF THE SALE, AND CONSENTS TO A \$25.00 SERVICE CHARGE FOR ANY DISHONORED CHECK. THE APPLICANT FURTHER AGREES THAT A SERVICE CHARGE OF THE LESSER OF 1.5% PER MONTH OR THE HIGHEST RATE ALLOWABLE UNDER APPLICABLE LAW, MAY BE ASSESSED AGAINST ANY ACCOUNT NOT PAID WITHIN CONTRACTED TERMS. ALL PAYMENTS WILL BE APPLIED TO OLDEST INVOICES FIRST, UNLESS REMITTANCE ADVICE IS INCLUDED WITH PAYMENT. IN THE EVENT A PAST DUE ACCOUNT IS REFERRED TO A THIRD PARTY FOR COLLECTION, THE APPLICANT CONSENTS TO THE JURISDICTION OF THE COURTS OF THE STATE OF MISSOURI AND AGREES THAT THE APPLICANT SHALL PAY ALL COSTS OF COLLECTION, INCLUDING BUT NOT LIMITED TO, REASONABLE ATTORNEY FEES.

NAME & TITLE (PLEASE PRINT): _____

SIGNATURE & DATE: _____

*****PERSONAL GUARANTEE MUST BE SIGNED FOR CUSTOMER TO OBTAIN ACCOUNT*****

AS CONSIDERATION FOR THE EXTENSION OF CREDIT TO THE APPLICANT(S) NAMED IN THIS CREDIT APPLICATION, THE UNDERSIGNED PERSONALLY GUARANTEE(S) AND AGREE(S) TO PAY UPON DEMAND THE FULL AMOUNT OF ANY INDEBTEDNESS OWED BY THE APPLICANT TO AMERITOPS, INC., INCLUDING, BUT NOT LIMITED TO, COSTS OF COLLECTION AND REASONABLE ATTORNEY FEES. THE UNDERSIGNED, INDIVIDUALLY, CONSENT(S) TO THE JURISDICTION OF THE COURTS OF THE STATE OF MISSOURI.

Name _____ Signature _____

Title _____ Date _____

Name _____ Signature _____

Title _____ Date _____

Name _____ Signature _____

Title _____ Date _____

Date Submitted to Ameritops, Inc. _____