



## CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Company Name:			
Owner / Operator:		Office Manager:	
Registered Company Address:			
City:	State:	Zip:	County:
Business Phone: (     )			
Mobile Phone: (     )		Fax: (     )	
E-mail:		Website:	
Year Business Established:	Type of Business:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>	
If applicable, Certificate of Resale # (FLA Dealers only):			<b>(Please attach copy)</b>
Federal ID #:			

BUSINESS AND CREDIT INFORMATION			
Primary/Shipping Address (if different from above):			
City:	State:	Zip:	County:
Length of time at current Address:			
Bank Name:			
Bank Address:		Phone:	
City:	State:	Zip:	County:
Account Number:		Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/> _____	

BUSINESS / TRADE REFERENCES			
1. Company Name & Address:			
City:	State:	Zip:	County:
Business: (     )	Fax: (     )	E-mail:	
Type of Account: C.O.D. <input type="checkbox"/> Credit <input type="checkbox"/> (Net: _____ Days) Other <input type="checkbox"/> _____			
2. Company Name & Address:			
City:	State:	Zip:	County:
Business: (     )	Fax: (     )	E-mail:	
Type of Account: C.O.D. <input type="checkbox"/> Credit <input type="checkbox"/> (Net: _____ Days) Other <input type="checkbox"/> _____			

**8717 NW 117TH STREET UNIT # 1 HIALEAH GARDENS, FL 33018**  
**Phone: 786-621-6706 Fax: 786-621-6708**  
**Monday – Friday 8:00 am to 5:00 pm - Saturday 8:00 am – 1:00 pm**  
**sales@amdaluminum.com**  
**www.amdaluminum.com**



**BUSINESS / TRADE REFERENCES - *continued***

3. Company Name & Address:

City:	State:	Zip:	County:
Business: ( )	Fax: ( )	E-mail:	
Type of Account:	C.O.D. <input type="checkbox"/>	Credit <input type="checkbox"/> (Net: _____ Days)	Other <input type="checkbox"/> _____

**AGREEMENT**

- All invoices are to be paid within 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven (7) business days.
- By submitting this application, you authorize AMD Supply, LLC to make inquiries into the banking and business / trade references supplied.

**SIGNATURES**

Signature:	Signature:
Title: _____ Date: MM / DD / YY	Title: _____ Date: MM / DD / YY

**GUARANTY**

The undersigned individually, jointly and severally, absolutely and unconditionally guarantee payment of an indebtedness due AMD SUPPLY, LLC from customer, including interest on delinquent accounts, all costs of collection and attorney fees.

Name of Guarantor (please Print): \_\_\_\_\_

Signature of Guarantor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Credit Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Amount: \_\_\_\_\_

Please attach copy of Driver's License of Signee of Account Holder.

OFFICE USE ONLY			
Date Received:	Cheque #:	Verified by:	Copies of FL, DL & RC Rec'd:
Approved by:	Title:	Date:	Terms:

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