



Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Bill to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 President/Owner: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Purchasing/Plant Mgr: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years at Present Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Type of Organization:  Corporation  Partnership  Sole Proprietorship

**CREDIT REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BANK REFERENCE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Account Number(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT CARD:**

\*This will only be used if invoices are out over 90 days old

Card Number: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 V-Code: \_\_\_\_\_

**NOTICE:** Please read the credit terms before signing this agreement.

- (1) I agree to pay all invoices within (20) twenty days of the date of the invoice.
- (2) I agree to pay a 1-1/2% per month service charge on any unpaid invoice twenty-one (21) days or older.
- (3) I understand that any and all credits not used within 120 days of the invoice date will be forfeited.
- (4) I, the undersigned, hereby agree that in the event of default in the payment of my account, and should this account be placed in the hands of an agency or attorney for collection and/or legal action, I agree to pay all costs of collection including agency, attorney fees and court costs permitted by the laws governing these transactions.
- (5) The signature below authorizes references above to release credit and trade information to AHB Tooling & Machinery, Inc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Credit applications cannot be processed until all above information is completed and credit application is signed. AHB TOOLING & MACHINERY WILL NOT PROCESS ORDERS WITH TERMS, WITHOUT A COMPLETED CREDIT APPLICATION. Please include a fax number of credit and bank references to expedite sending credit requests. Please fax back completed credit applications.