

CREDIT APPLICATION

Business Name:		Phone:		Fax:	
Bill to Address:		City:	State:		Zip:
Ship to Address:		City:	State:		Zip:
President/Owner:		_			
Accounts Payable Contact:		Phone:		Fax:	
Email Addres	ss:	_			
Purchasing/Plant Mgr:		Phone:		Fax:	
Email Addres	SS:	_			
Years in Business:	Years at Present Address:				
Type of Business:					
	[] Corporation []	Partnership	[] Sole	Proprie	torship
CREDIT REFERENCES:					
		Phone:		Fax:	
Address:		_ City:	State:		Zıp:
					7:
		City:	State:		Zip:
Name:		Phone:	State:	Fax:	Zip:
Address:		City:	State		ΣIP
Name:		Phone:		Fax:	
Address:		City:	State:		Zip:
BANK REFERENCE:					
Name:		Phone:		Fax:	
Branch:		Account Numbe			Zip:
Address:		City:	State:		ZIp:
CREDIT CARD:	*This will only be used if inv	oices are out o	ver 90 days ol	d	
Card Number:					
Exp Date					
V-Code					
NOTICE: Please read the cr	edit terms before signing this a	agreement.			
` ' ' ' ' '	es within (30) thirty days of the				
	per month service charge on a by agree that in the event of de				
· ·	of an agency or attorney for coll		-		
	cy, attorney fees and court cos				
	horizes references above to re	lease credit and	trade informa	ation to	AHB Tooling &
Machinery					
Cianatura		Title		Doto	
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.