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CREDIT APPLICATION

Applicant, _____, hereby applies for extension of credit from Amerimet Corp. (Legal name of applicant business)

Estimated monthly purchases: \$ _____ *

* If tax exempt, a signed certificate of resale must be attached to the application.

Type of Business: _____ Date Business Established: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Tel: _____ E-mail: _____

Fax: _____ Website: _____

Applicant business is incorporated under the laws of the State of: _____

OWNERSHIP OF APPLICANT BUSINESS

Name of Principal Stockholder:	Title:
_____	_____
_____	_____

President's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Cellphone Number: _____

Driver's License Number: _____ State: _____

FINANCIAL INFORMATION:

Bank: _____

Address: _____

Tel: _____ Contact: _____

Fax: _____ Account Number: _____

COMPANY CONTACT INFORMATION:

Purchasing

Name: _____

Tel: _____ E-mail: _____

Accounts Payable

Name: _____

Tel: _____ E-mail: _____

TRADE REFERENCES: (Fill out completely or check box if separate sheet attached.)

Firm: _____ Tel: _____

Address: _____

Fax: _____ E-mail: _____

Contact Name: _____

Firm: _____ Tel: _____

Address: _____

Fax: _____ E-mail: _____

Contact Name: _____

Firm: _____ Tel: _____

Address: _____

Fax: _____ E-mail: _____

Contact Name: _____

Applicant hereby authorizes Amerimet to make reasonable credit inquiries and receive corresponding credit information as requested. It is agreed that all invoices are due and payable under terms set forth by Amerimet Corp. It is further agreed that the applicant will pay interest in the maximum amount allowed by Florida State law on all past due accounts. In the event an account is placed in collection, suit or in the hands of an attorney to collect some or all of the past-due amount, the applicant agrees and promises to pay any reasonable attorney's fees.

Name: _____ Title: _____
(Print name)

Signature: _____ Date: _____

I, the undersigned, hereby personally guarantee payment for all purchases made by the above applicant.

Signature (Individually) Print Name Date