

Company Name: \_\_\_\_\_ Tax ID \_\_\_\_\_

**CONTACT INFORMATION**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Address: _____ _____ City: _____ State: _____ Zip: _____	Shipping Address: _____ _____ City: _____ State: _____ Zip: _____
--	---

**COMPANY INFORMATION**

Business is (Please circle one):          CORPORATION          SOLE PROPRIETORSHIP          PARTNERSHIP

Incorporation Year: \_\_\_\_\_ State: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Payment Terms (Please circle one):    NET 30          CREDIT CARD          C.O.D.

**NOTE: If you are paying by Credit Card, you do not need to fill out the BANK REFERENCE and TRADE REFERENCES sections of this application. Credit Card customers must also complete the Credit Card Authorization Form.**

**BANK REFERENCE**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**TRADE REFERENCES**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

**TERMS AND CONDITIONS:** My signature below constitutes authorization for release of any and all information regarding my account(s) for the purchase of credit extension. Should default occur in payment of this account, the entire account shall become due immediately at American Easter Trader's option. If it becomes necessary for American Eastern Traders to obtain services of an attorney, I agree to pay the cost of such services.

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