

COMPANY

Name of Company _____ Telephone _____
 Address _____ Fax Number _____
 City, State, Postal Code _____ Email Address _____

OWNERSHIP

The following information must be completed in full; it will be held in strictest confidence.

Type of Business: Service Equipment Dealer Other (Please Specify) _____
 Resale Tax Number _____ Exp. Date _____ Corporation Partnership Individual _____ Business Start Date _____
 Include Copy of Certificate Check Here if Incorporated Within the Last 12 Months.
 Name of Principal(s) _____
 Address _____ Telephone _____
 City, State, Postal Code _____ Email Address _____
 Estimated Yearly Dollar Amount to be Purchased: \$ _____ Name of Person(s) Authorized to Purchase _____
 Accounts Payable Contact: _____

FINANCE

Bank Name _____ Bank Phone Number _____
 Bank Address _____
 City, State, Postal Code _____ Bank Contact _____
 Banked Here Since (Date) _____ D & B Number _____ Checking Account Number _____

REFERENCES

References should be from inventory suppliers. Must be completed in-full to be processed. Please include fax number.

1. Company Name _____ Telephone _____
 Address _____ Fax Number _____
 City, State, Postal Code _____ Email Address _____
 Account Number _____

2. Company Name _____ Telephone _____
 Address _____ Fax Number _____
 City, State, Postal Code _____ Email Address _____
 Account Number _____

3. Company Name _____ Telephone _____
 Address _____ Fax Number _____
 City, State, Postal Code _____ Email Address _____
 Account Number _____

4. Company Name _____ Telephone _____
 Address _____ Fax Number _____
 City, State, Postal Code _____ Email Address _____
 Account Number _____

Please Check if **Credit Card** or **COD** Shipments are Acceptable Until Credit is Approved.

Applicant agrees to pay AllPoints invoices within AllPoints terms (net 15 days). In the event the account becomes past due applicant agrees to pay all costs associated with collecting the account. I certify that all the information on this form is correct; further, I fully understand AllPoints credit terms and agree to those terms in consideration of extended credit.

Applicant agrees to authorize financial institution to release to AllPoints such information as is necessary and appropriate in the establishment for an open line of credit.

Date _____ Signature _____ Title _____

Send Att: Credit Department via Fax at: 1-847-919-4652 or email to: AR@AllPointsFPS.com

For Office Use Only

References Checked by	Credit Approved by	Credit Limit	Date Approved	Customer Number
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