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CREDIT APPLICATION

Applicant _____ hereby applies for the
(Legal name of business firm making this application)
extension of credit from Amerimet Corp.

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: _____ Zip Code: _____

Tel: _____ E-mail: _____

Fax: _____ Website: _____

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

Ownership of the applicant business: (Owner, Partners, Officers)

List Principal Stockholders:

Name of Stockholder:

List Title if Officer:

President's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Home Tel: _____

Drivers license: State: _____ Number: _____

FINANCIAL INFORMATION:

Bank: _____

Address: _____

Tel: _____ Contact: _____

Fax: _____ Account Number: _____

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

Firm: _____ Tel: _____

Address: _____

Fax: _____ Contact: _____

Firm: _____ Tel: _____

Address: _____

Fax: _____ Contact: _____

Firm: _____ Tel: _____

Address: _____

Fax: _____ Contact: _____

Applicant hereby authorize Amerimet to make reasonable credit inquiries and further authorizes Amerimet to disseminate credit information on the applicant. 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 this account is placed in the hands of an attorney or collection or suit to collect same or any portion thereof, applicant agrees and promises to pay reasonable attorney fees.

By: _____ Title: _____ Date: _____

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

Signature(Individually)

Print Name

Date