



**Business Contact Information**

Company Name ("Applicant")		Years in Business
Mailing Address		Fed ID #
City, State, Zip		A/P Contact Name
Phone	Fax	Requested Credit Amount
Email		PO Required?
<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Corporation (State) _____

**Owner(s), Officers or Principals**

Name	Title	SS #
Home Address	D/O/B	Drivers Lic #
City, State, Zip		Phone
Name	Title	SS #
Home Address	D/O/B	Drivers Lic #
City, State, Zip		Phone

**Business and Credit Information**

Bank Name	Branch	Contact
Bank Address	Phone	Fax
Savings Acct. #	Checking Acct. #	
Loan Acct. #	Other	

**Trade References**

Company Name	Phone	Fax
Address	City, State, Zip	
Contact	E-mail	
Company Name	Phone	Fax
Address	City, State, Zip	
Contact	E-mail	
Company Name	Phone	Fax
Address	City, State, Zip	
Contact	E-mail	

**Agreement**

As an authorized representative of Applicant, I agree all invoices are to be paid within 10 days and are subject to finance charges of 1.5% per month on balances over 30 days. Notice of contested charges must be made in writing within 7 business days of the invoice date. If a tax-exempt certificate is not returned with this form, applicable state and local taxes will be charged. Applicant authorizes ACEC to charge Applicant's credit card if Applicant's account is not paid within 30 days. Delinquent balances are subject to liens and collection procedures. All court costs, attorney fees, or charges associated with collecting on a delinquent account are the responsibility of the Applicant. It is Applicant's responsibility to keep ACEC's files updated with Applicant's most current billing address and telephone number. ACEC reserves the right to revoke Applicant's credit privileges at any time. ACEC can delay enforcing or fail to enforce any of its rights under this Agreement without losing any of them. By submitting this Application, Applicant authorizes ACEC to make inquiries into the banking and business/trade references supplied. If Applicant is not a corporation, my signature below constitutes my agreement to personally guarantee payment of all invoices.

I have read, understand, and accept the terms stated within this Agreement, have provided true information to the best of my knowledge, and have retained a copy of this Agreement for my records.

Authorized Signature (Owner, Officer, or Principal listed above)	Title	Date
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