



AMERICAN POSTS, LLC
810 CHICAGO STREET, TOLEDO, OHIO 43611
TELEPHONE: (419) 720-0652
FAX: (419) 720-0670

Date \_\_\_\_\_

CREDIT APPLICATION

Company Name: \_\_\_\_\_ Duns Number: \_\_\_\_\_

(Trade Styles) Other Business Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Numbers: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail address \_\_\_\_\_

Type of Business:

Date Started \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_

Type of Entity (Corp, LLC, Partnership, etc.) \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

SUBSIDIARY? \_\_\_Yes \_\_\_No;

If yes, Parent Company is: \_\_\_\_\_

NAME ADDRESS CITY/STATE/ZIP TELEPHONE & FAX

Officers/Owners/Partners:

Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Payment Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

PLEASE FAX TO CREDIT DEPT @ 419-720-0670

**BANK REFERENCES**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Signature Authorization for Bank Information: X \_\_\_\_\_

**TRADE REFERENCES**

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms of sale as shown on each invoice.

Applicant, by signing this credit application, agrees that should collection or legal action become necessary to obtain payment for credit purchases, all costs of collection, including, but not limited to collection agency fees, court costs, lien filing fees and other collection costs will be paid by the Applicant.

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize American Posts LLC to investigate the references listed pertaining to our credit and financial responsibility.

Company Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE FAX TO CREDIT DEPT @ 419-720-0670**