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BUSINESS CREDIT APPLICATION

COMPANY NAME _____

BILLING ADDRESS _____

PHONE _____ **FAX** _____ **E-MAIL** _____

CORP. _____ **PROPRIETORSHIP** _____ **PARTNERSHIP** _____ **OTHER** _____

TYPE OF BUSINESS _____

YEAR ESTABLISHED _____ **YEARLY GROSS SALES \$** _____

YEARLY NET PROFIT \$ _____ **NET VALUE \$** _____

NAME & ADDRESS OF OWNER, PARTNER OR OFFICER

NAME _____

SS# _____

TITLE _____

ADDRESS _____

CREDIT REFERENCES

**PLEASE COMPLETE BOTH REFERENCES, AND PROVIDE ALL INFORMATION
REQUESTED FOR EACH REFERENCE**

CREDITOR NAME _____

ACCOUNT # _____

FAX # _____

PHONE _____

ADDRESS _____

CREDITOR NAME _____

ACCOUNT # _____

FAX # _____

PHONE _____

ADDRESS _____

TRADE CREDIT REFERENCES

**PLEASE COMPLETE ALL FOUR REFERENCES, AND PROVIDE ALL
INFORMATION REQUESTED FOR EACH REFERENCE**

VENDOR NAME _____

ACCOUNT # _____

FAX # _____

PHONE _____

ADDRESS _____

VENDOR NAME _____

ACCOUNT # _____

FAX # _____

PHONE _____

ADDRESS _____

VENDOR NAME _____

ACCOUNT # _____

FAX # _____

PHONE _____

ADDRESS _____

(TRADE REFERENCE CONTINUED)

VENDOR NAME _____

ACCOUNT # _____

FAX # _____

PHONE _____

ADDRESS _____

BANK REFERENCES

BANK NAME _____

ACCOUNT # _____

FAX# _____

PHONE# _____

ADDRESS _____

BANK NAME _____

ACCOUNT # _____

FAX# _____

PHONE# _____

ADDRESS _____

CREDIT LIMIT REQUESTED \$ _____

CREDIT TERMS

- 1. PAYMENT ON ALL INVOICES IS DUE WITHIN THIRTY (30) DAYS OF INVOICE DATE.**
- 2. ALL OVERDUE INVOICES BEAR INTEREST AT 1-1/2 % PER MONTH ON UNPAID BALANCE.**
- 3. CREDIT APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING COURT COSTS AND ATTORNEYS FEES FOR INVOICES NOT PAID WITHIN TERMS.**
- 4. UNTIL CREDIT IS APPROVED, ANY ORDERS PLACED WILL BE PAID C.O.D. OR BY A CREDIT CARD WHEN THE ORDER IS PLACED.**

I UNDERSTAND THAT THE INFORMATION FURNISHED YOU IS FOR THE PURPOSE OF REQUESTING CREDIT FROM YOUR FIRM. CREDIT APPLICANT AUTHORIZES CREDITOR TO CONTACT ALL REFERENCES, INQUIRE AS TO CREDIT INFORMATION, AND RECEIVE ANY CONFIDENTIAL INFORMATION RELEVANT TO APPROVING CREDIT.

DATED: _____

SIGNATURE OF CREDIT APPLICANT _____

NAME OF CREDIT APPLICANT _____