



Business Credit Application

Business Name: _____ Phone Number: _____
 Billing Address: _____ Fax Number: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 DUN's #: _____

General Business Information

Type of Business: _____
 Officer's Name & Title: _____ Officer's Name & Title: _____
 Are Purchase Orders Required?: _____ How Long has Applicant Been in Business?: _____
 How Long has Applicant Been at Present Location?: _____ Can You Anticipate Highest Credit Amount with us?: _____
 Resale Yes No Tax Exempt Yes No If "yes", Sales Tax #: _____
 Please send copy of Tax Exemption Certificate. Sales tax will be added until Tax Exemption Certificate, or Resale Certificate, is provided.

Bank Reference

Bank Name: _____ Contact Person: _____
 City: _____ State: _____ Zip: _____ Phone #: _____

Business Credit Reference

References should be locally-based businesses with which you have already established and have active credit. Lawyers, doctors and bankers are not considered credit references. Office supply stores, delivery companies, coffee services, etc. would be considered suitable references.

Please include account number with company names. To avoid any delay in processing, complete in full. INFORMATION TO BE HELD IN CONFIDENCE.

1. Company : _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____
2. Company : _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____
3. Company : _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____

Applicant certifies that the above information is true and correct. Applicant also represents and agrees (1) that the merchandise to be purchased and the credit requested are solely for business or commercial purposes and not for personal, family or household purposes, (2) that invoice terms are stated on invoice, (3) that any invoiced amounts not paid within terms shall bear interest at the maximum nonusurious rate permitted by law (currently 18% per annum) from the date due until paid, (4) to pay any and all costs of collection (including without limitation reasonable attorney's fees) incurred by Advantage Marketing Solutions in collecting any overdue account, and (5) that you are authorizing Advantage Marketing Solutions to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant, and to report information regarding applicant's account.

Signature: _____
 Name: _____
 Title: _____
 Date: _____

Return or fax completed application to:
 Advantage Marketing Solutions
 38777 Six Mile #110
 Livonia, MI 48152
 Phone: (734) 953-4845 • Fax: (734) 953-4846