AMERSOL USA

Attached is the Amersol Credit Application. Please fill this out as completely as possible, sign and return it along with a copy of your **State Tax Exempt Certificate and Multi-Jurisdiction Form**. The State Tax Exempt Certificate is required by Amersol to avoid charging tax on orders due to the many holdings our parent company, Koller Enterprises, has in various states.

If you have any questions, please contact Amersol and someone in our Sales or Accounting department will be happy to address your concerns.

Thank you for your business,

Amersol Supply

SUBMIT YOUR COMPLETED APPLICATION

Email your signed application, State Tax Exempt Certificate, and Multi-Jurisdiction Form to:

amsales@amersolsupply.com Our team will follow up with you shortly.

Credit Application

Business Name:_____

D/B/A:_____

Address:_____ Phone:_____

City/State/Zip:_____

Accounts Payable Contact:_____ Email for Auto Invoicing:_____

Fed. Tax #:_____ D&B #:_____ In Business Since:_____

☐ Corporation ☐ Partnership ☐ Proprietorship Credit Limit Requested:_____

Type of Business:_____

Full Names & Addresses of Corporate Officers, Partners or Proprietors
(Give Home Addresses if a Partnership or Sole Proprietorship)

_____

_____

MAJOR CREDIT REFERENCES – FOUR REQUIRED

Company Name:_____

Contact Person:_____ Address:_____

Phone:_____ City/State/Zip:_____

Email:_____ Account #:_____

Company Name:_____

Contact Person:_____ Address:_____

Phone:_____ City/State/Zip:_____

Email:_____ Account #:_____

Company Name:_____

Contact Person:_____ Address:_____

Phone:_____ City/State/Zip:_____

Email:_____ Account #:_____

Company Name:_____

Contact Person:_____ Address:_____

Phone:_____ City/State/Zip:_____

Email:_____ Account #:_____

BANK REFERENCES

Bank Name:_____

Address:_____

City/State/Zip:_____ Phone:_____

Contact Person:_____ Account #:_____

*Do You Have a Credit Line for Borrowing?:*_____

The undersigned **have/have not** filed for or been the subject of a bankruptcy as a company or as an individual. If yes, give type of bankruptcy and date filed.

Chapter:_____ Date:_____

By signing this agreement, you authorize Amersol Supply to contact the listed Major Trade References and Bank References for all pertinent credit information.

Should this credit application be approved, I (We) agree that the terms of sale are Net 30. Interest will be applied to past due invoices at a rate of 1½% per month or at the highest rate permitted by state law, whichever is lower. Should it be necessary to collect through a collection agency, through an attorney, by legal proceedings or otherwise, the undersigned agrees to pay all costs of collection, including but not limited to, interest, collection agency's fees and attorney's fees.

All orders will require a 50% deposit until credit is approved.

Authorized Company Officer/Partner:

_____ Date:_____

_____ Title:_____

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