



Email: credit @ amchar.com / www.amchar.com  
100 Airpark Drive – Rochester, NY 14624  
(585)328-3951-USA 800-333-0695  
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## CONFIDENTIAL PROFILE APPLICATION

IN ORDER FOR AMCHAR TO APPROVE YOUR COMPANY FOR A CREDIT LINE, **THIS FORM MUST BE COMPLETED IN FULL!** FAILURE TO PROVIDE SUFFICIENT INFORMATION MAY CAUSE THE DELAY OR REJECTION OF YOUR CREDIT APPLICATION. **PLEASE PRINT OR TYPE USING BLUE OR BLACK INK ONLY!**

ACCOUNT TYPE: **OPEN** \_\_\_\_\_ **COD CHECK** \_\_\_\_\_ **AMCHAR REP:** \_\_\_\_\_

### BUSINESS INFORMATION

COMPANY NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FFL # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

OWNER/PRESIDENTS NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TYPE OF BUSINESS: (PLEASE CHECK ONE) OWNERSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

# OF YEARS IN BUSINESS: \_\_\_\_\_ # OF YEARS AT THIS LOCATION: \_\_\_\_\_

#OF FULL TIME EMPLOYEES: \_\_\_\_\_ A/P CONTACT NAME: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_ ANNUAL SALES \$ \_\_\_\_\_

### BANK INFORMATION

COMPANY BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PERSONAL BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**TRADE REFERENCES (GUN DISTRIBUTORS ONLY)**

(MUST INCLUDE A MINIMUM OF 3 GUN DISTRIBUTORS)

DISTRIBUTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

DISTRIBUTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

DISTRIBUTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

DISTRIBUTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

**AGREEMENT**

I, THE UNDERSIGNED, STATE THAT ALL OF THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT. I AUTHORIZE AMCHAR WHOLESALE TO THOROUGHLY INVESTIGATE ALL OF THE ABOVE REFERENCES, COMPANY BANK, AND ANY OTHERS DEEMED APPROPRIATE IN PROCESSING THIS CREDIT APPLICATION. IF AT ANY POINT DURING THE CREDIT CHECK, INFORMATION IS FOUND TO BE FALSE, AMCHAR HAS THE RIGHT TO REJECT MY APPLICATION AND ACCOUNT.

I, THE UNDERSIGNED, UNDERSTAND THE CREDIT TERMS & CONDITIONS GRANTED ARE SUBJECT TO REVIEW. I UNDERSTAND, IF AT ANY TIME AMCHAR WHOLESALE FINDS THE ABOVE ACCOUNT NOT IN GOOD STANDING, THEN AMCHAR WHOLESALE RESERVES THE RIGHT TO TERMINATE OR CHANGE THE TERMS GRANTED. I, THE UNDERSIGNED, UNDERSTAND ALL THE TERMS AND CONDITIONS AND WILL COMPLY WITH THESE FULLY.

PAST DUE BALANCES ARE SUBJECT TO INTEREST CHARGES OF 1-1/2% PER MONTH AND/OR 18% ANNUALLY. SHOULD IT BE NECESSARY, I, THE UNDERSIGNED, AGREE TO PAY INTEREST AS WELL AS ALL ATTORNEY, COLLECTION AND COURT COSTS AS ALLOWED BY LAW IF LEGAL ACTION IS TAKEN AGAINST ME AND/OR MY BUSINESS. I, THE UNDERSIGNED, DO HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE SUMS OF MONEY AS IT BECOMES DUE. ALL OTHER AMCHAR TERMS AND CONDITIONS APPLY.

NOTE: AMCHAR WHOLESALE IS A REPORTING SUSCRIBER TO THE NSCA ( NATIONAL SPORTS CREDIT ASSOCIATION).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE



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## BANK RELEASE FORM

To Whom It May Concern:

Due to the tightening of regulation in the divulging of credit information, banks are requiring written authorization from their depositor for release of any information in regards to their account.

Your bank requires such a release form. Therefore, please have this authorization signed by a check signer and fax it back to my attention.

Your bank may charge a fee for processing your credit check which we will add to your first order.

Thank you,

Credit Department  
Amchar Wholesale Inc  
Fax: 585-328-3749

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**Company:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Acct#** \_\_\_\_\_

**Permission is given for the release of information about this account to Amchar Wholesale Inc,**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_