



Credit Application

Business Information

Full Legal Name of Business:		Tax ID Number (FEIN):	
Address:			
City:	State:	Zip:	Phone:
Business Contact Email:		AP Contact Email:	
In Business Since:	Ever Declared Bankruptcy? Check One: (Y) (N)		
Legal Form Under Which Business Operates: Corporation: Partnership: Proprietorship:			
Name of D/B/A if Applicable:		Annual Company Sales:	
Credit Limit Requested:		AmChar Rep:	
Payment Terms Requested:			
Estimated Monthly Purchases with AmChar Wholesale, Inc.:			

Business Owner/Officer Information

Name of Owner:		Title:		SSN:
Address:	City:	State:	Zip:	Phone:
Name of Additional Owner:		Title:		SSN:
Address:	City:	State:	Zip:	Phone:
Name of Additional Owner:		Title:		SSN:
Address:	City:	State:	Zip:	Phone:
Ever Declared Bankruptcy? Check One: (Y) (N)				

Bank References

Institution Name:	Institution Name:	Institution Name:
Contact Person:	Contact Person:	Contact Person:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:



Trade References

Company Name:	Company Name:	Company Name:
Contact Person:	Contact Person:	Contact Person:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Relationship Since:	Relationship Since:	Relationship Since:
Fax:	Fax:	Fax:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information for the business for which credit is being applied for in order to verify the information contained herein.

I further understood and expressly agree that any and all sales and transactions with the business named herein which occur after approval of this credit application are subject to the provisions of the Terms and Conditions of Sale of AmChar Wholesale, Inc. as set forth therein, a copy of which I acknowledge has been provided me or which accompanies this credit application. I acknowledge a copy is also available to the business and myself at any time upon request and such that Terms and Conditions of Sale are specifically incorporated in full into this credit application by this reference. I and the business for which this credit application is being submitted agree to be bound thereby as if it and I had directly executed and consented to the same. AmChar Wholesale, Inc. shall be entitled to rely upon the acceptance of such Terms and Conditions of Sale in connection with any sale made by hereafter.

I hereby execute this credit application on behalf of the above-named business and personally guarantee, and agree to be personally liable for failure of the performance by the business named herein, of any and all of its obligations to AmChar Wholesale, Inc., including timely payment of any and all sums due AmChar Wholesale, Inc. This personal guarantee will specifically apply in the event that the business for which credit is being applied for declares bankruptcy or files for bankruptcy protection.

I and my business hereby agree to each and all of the foregoing by signing and submitting the Credit Application.

By: _____

I have read and agree with the Terms and Conditions of Sale with AmChar Wholesale, Inc.

[Title] _____

[Signature] _____

Date: _____

Personally and Individually – Sign Here

Application Checklist:

In order for your application to be processed in a timely fashion, please provide the following back to AmChar Wholesale, Inc. Documents that must be included:

- 1) Pages 1 thru 3
- 2) Completely filled application with all authorized signatures
- 3) Current/Valid State Business Resale Certificate
- 4) FFL or applicable document if purchasing firearms



Bank Release Form

To Whom It May Concern:

Your bank is requiring specific written authorization from you for release of information regarding your account. Therefore, please have this release signed by a signatory to your account and fax it back to our 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

Company: _____

Bank Name: _____ Acct #: _____

Permission is given for the release of information about this account to AmChar Wholesale, Inc.

Signature: _____

Print Name: _____

Date: _____

Title: _____