



Amermak, Inc.
7327 Oak Ridge Hwy, Suite 104
Knoxville, TN 37931
(865) 769-0157

CREDIT APPLICATION

Name of Business _____ Credit Limit Requested \$ _____

D/B/A _____ Phone # _____
(Area Code & Number)

Billing Address _____
(Street) (City) (State) (Zip Code)

Delivery Address _____
(Street) (City) (State) (Zip Code)

Corporate Address _____ Phone # _____
(Street) (City) (State) (Zip Code) (Area Code & Number)

Type of Business _____ How Long in Business _____ Business License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation LLC Limited Partnership Franchise _____ -Other
 Federal Tax ID # _____ State of Incorporation _____ Date of Incorporation _____

Tax Exempt: ___ Yes ___ No - If Yes, tax exempt number _____ (Tax Certificate must be filled out or attached to the back of this document)

Principal: _____
(Name) (Title) (Phone) (Email)

(Home Address) (City/State/Zip) (Driver's License #) (Social Security #)

Please list credit/trade references:

(Name) (Address) (City/State) (Phone) (Email) (Account #)

(Name) (Address) (City/State) (Phone) (Email) (Account #)

Business Building OWN LEASE MORTGAGE/LESSOR HOLDER _____ Phone # _____
(Area Code & Number)

How long at above location _____ Years _____ Months Prior Business Location _____

Bank Reference: _____
(Name) (Address) (City/State/Zip)

(Phone) (Account #'s) (Contact)

Has the firm or any of its Principals ever been bankrupt? Yes No If yes, When? _____ Business or, Personal
 Are you in receivership at this time? Yes No If yes, receiver _____ Phone # _____

Person to Contact about Account: _____
(Name) (Title) (Phone) (Email)

TERMS: DUE AND PAYABLE IN 30 DAYS FROM INVOICE DATE. All accounts 30 days past due will be assessed an initial penalty of 5% of the outstanding balance plus interest accrued at an annual rate of 18% or the maximum rate allowed by law. In consideration of the credit extended by Amermak Inc., to the business, entity, or person named above, the undersigned Applicant, jointly and severally, assumes full responsibility and personally guarantees both corporate and personal payment, unless otherwise noted, for charges incurred as a result of this application. I hereby authorize the above named firms and bank institutions to furnish information for the purpose of processing this application, and I agree that said persons and entity shall not be liable for any claims or damages which result from furnishing the requested business, entity, or person named above, with goods on "open account," thereby extending credit, and in consideration of such agreement to deliver goods and/or services without first requiring payment. I the Applicant, agree to pay any and all cost incurred by Amermak Inc., for collection of any amount not paid by the company, entity, or person named above, including but not limited to, any court cost and reasonable attorney fees incurred in any appeal. The company, entity, or person named above acknowledge that Jurisdiction of the enforcement of any transactions made pursuant to this credit application shall be performed in the county of Knox, State of Tennessee. All transactions taking place pursuant to this credit application shall be performed in the county of Knox, State of Tennessee. The laws and decisions of the State of Tennessee shall govern all transactions taking place between the parties.

The undersigned as an Inducement to grant credit warrants that the information submitted is true and correct. Amermak, Inc. is authorized to investigate the credit references listed above.

FOR PURPOSES OF THIS CREDIT APPLICATION, A FACSIMILE OR EMAIL SIGNATURE SHALL BE DEEMED TO BE AN ORIGINAL.

(Signature of Applicant) (Print Name Clearly) (Title) (Date)

(Witness Signature) (Print Name) (Date)