



# NEW ACCOUNT APPLICATION

*"Protective Linings for Industrial Applications"*

FOR OFFICE USE ONLY	
AMLS Representative _____	
Credit Limit _____	Terms _____
Approved by _____	
Date _____	

## APPLICANT

Firm/Corporate Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Date Established \_\_\_\_\_

Buyer Name \_\_\_\_\_ A/P Contact \_\_\_\_\_

## REFERENCES

Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_

## TRADE REFERENCES

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_

The parties concur that this Agreement shall be construed according to the laws of the State of Pennsylvania, and any action thereon may be brought in the State of Pennsylvania in Allegheny County. In consideration of American Made Liner Systems extending credit, we do hereby agree jointly and severally to pay for all goods, wares, and merchandise supplied to use for the above named business. In the event it becomes necessary to place the account with an attorney or collection agency, we agree to pay all costs of collection including reasonable attorney's fees.

As it is my intention to establish an open account with American Made Liner Systems, my signature below grants my permission to my creditors and my banking institution(s) to release all information pertaining to my accounts and the manner in which they are handled. All information provided will be carefully considered and held in the strictest of confidence.

SIGNED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

SIGNATURE AND TITLE \_\_\_\_\_