



Welcome to the end of the day.™

Application for Credit

AmericInn® Address: _____

Please fax back to: (____) _____

Customer Information

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Billing Address (if different than above): _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____

Business Type: Corporation Partnership Individual Other

Principals, Partners or Corporate Officers

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

Banking References

Name: _____ Contact Name: _____

Address: _____ Phone: (____) _____

Account Number: _____

Trade References

Name: _____ Contact Name: _____

Address: _____ Phone: (____) _____

Name: _____ Contact Name: _____

Address: _____ Phone: (____) _____

Name: _____ Contact Name: _____

Address: _____ Phone: (____) _____

Terms: Payment will be due upon receipt of invoice. A charge (1.5% per annum) will be made on accounts not paid within 30 days of invoice date. If this account is more than 60 days outstanding from invoice date, AmericInn reserves the right to cancel all future credit. We agree to make all purchases subject to these terms. We also agree to pay all costs of collection and reasonable attorney's fees should it become necessary to refer the account to an attorney. We hereby authorize said bank and credit references to release all information necessary to the establishment of this account.

Signed: _____ Title: _____ Date: _____