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Credit Application

ORGANIZATION

COMPANY NAME		CONTACT/BUYER NAME	
ADDRESS		PHONE	
CITY	FAX	EMAIL	
STATE & ZIP			

TYPE OF BUSINESS (CIRCLE)

Wholesale Broker Sole Proprietor Partnership Corporation DATE ESTABLISHED: _____

RESALE/TAX PERMIT NO _____ FED TAX ID# _____ D & B# _____

OWNERS AND PRINCIPALS

NAME		TITLE		CREDIT CARD TYPE: (circle)		VISA	MASTERCARD
HOME ADDRESS				ACCOUNT#			
CITY	STATE	ZIP	EXP DATE:	BILLING ZIP CODE:			
HOME PHONE							
SOCIAL SECURITY#							

PROPRIETOR, PARTNERS or OFFICERS - PERSONAL GUARANTEE

In consideration of any credit extended, I/we/each of us will individually and/or jointly guarantee full and prompt payment of all indebtedness incurred by: (Firm Name) _____ for merchandise furnished by AmeriLink International, plus service charges and collection costs including attorney's fees (appellate if necessary) where applicable. This Guarantee shall be continuing and the full agreement of Guarantor(s) is not subject to any oral conditions.

SIGNATURE _____ SIGNATURE _____

CREDIT REQUIREMENT

WE ESTIMATE OUR MONTHLY CREDIT REQUIREMENTS FROM AMERILINK INTERNATIONAL TO BE: \$

REFERENCES (ALL MANDATORY PLEASE)

BANK	ADDRESS		
CONTACT	PHONE	ACCOUNT TYPE	ACCOUNT NO.
FLORAL TRADE REF NAME #1	ADDRESS		
CONTACT	PHONE	FAX	
FLORAL TRADE REF NAME#2	ADDRESS		
CONTACT	PHONE	FAX	
FLORAL TRADE REF NAME#3	ADDRESS		
CONTACT	PHONE	FAX	

CONDITIONS OF SALE AND TERMS OF AGREEMENT

Upon approval of this application, NET 15 days from invoice date credit will apply. In consideration for any extension of credit. Purchaser agrees to the terms hereof, including: Payment due 15 days after Invoice Date. Purchaser also agrees to pay a service charge of one and a half percent per month (or the maximum allowable contract rate under state statutes) computed on the unpaid delinquent (past 15 days) balance until the account is paid in full. All claims pertaining to delay or freight damage must be filed with freight carrier. Request for a credit on product must be made within 24 hours of receipt of shipment by consignee and flowed up immediately in writing before approval.

CERTIFICATION

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE AMERILINK INTERNATIONAL TO VERIFY ANY AND ALL REFERENCES WE HAVE GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORT AGENCIES.

SIGNATURE and Title of Authorized Officer/Owner	Date
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