

American Fasteners Corporation
7323 NW 66 Street, Miami, Fl 33166
Tel. 305-885-1717 Fax 305-885-5278

S.R.# _____



"Your # 1 Source for All Your Fastener Needs"

"Established in 1981"

CREDIT APPLICATION			
COMPANY:		FEDERAL TAX ID NO:	DATE:
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:	
BILL TO ADDRESS (IF DIFFERENT FROM ABOVE:)			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DATE ESTABLISHED:	TYPE OF BUSINESS:	CREDIT LIMIT REQUESTED:	
PRINCIPAL OWNERS OR OFFICERS			
Name		Title	
1. _____		_____	
2. _____		_____	
TAX EXEMPT? (YES/NO) If yes please provide a copy of your current DR-13.			
PURCHASE ORDER REQUIRED? (YES/NO)			
SPECIFIC PERSON(S) AUTHORIZED TO PURCHASE:			

TRADE REFERENCES

ATTACHING TRADE OR CREDIT INFORMATION SEPARATE FROM THIS FORM

Company Name:	Address:	Phone/Fax PH: FAX:
Company Name:	Address:	Phone/Fax PH: FAX:
Company Name:	Address:	Phone/Fax PH: FAX:
Company Name:	Address:	Phone/Fax PH: FAX:

I certify the foregoing information is true and correct. I authorize American Fasteners Corporation to contact any or all of the above listed trade references for credit verification purposes, I understand and accept the terms and conditions of sale, and guarantee the information contained herein to be true and complete. I understand that this application is not an agreement to extend credit, and that American Fasteners Corp., at it's direction, may extend or withdraw credit at any time. I shall be responsible for any court costs or attorney fees incurred by American Fasteners Corp. in the collection of the undersigned's account.

_____ Date

_____ Name/Title

_____ Signature