



**AMERICAN POSTS, LLC**  
810 CHICAGO STREET, TOLEDO, OHIO 43611  
TELEPHONE: (419) 720-0652  
FAX: (419) 720-0670

Date \_\_\_\_\_

## CREDIT APPLICATION

**Company Name:** \_\_\_\_\_ Duns Number: \_\_\_\_\_

(Trade Styles) Other Business Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Numbers: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### **Type of Business:**

Date Started \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_  
Type of Entity (Corp, LLC, Partnership, etc.) \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

SUBSIDIARY?  Yes  No;

If yes, Parent Company is: \_\_\_\_\_

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE & FAX
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### **Officers/Owners/Partners:**

Officer Name \_\_\_\_\_ Title \_\_\_\_\_

**Payment Contact:** \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Purchasing Contact:** \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**PLEASE FAX TO CREDIT DEPT @ 419-720-0670**

## BANK REFERENCES

Name:

Account Number:

Address:

Phone:

Contact:

Name:

Account Number:

Address:

Phone:

Contact:

Signature Authorization for Bank Information: X

## TRADE REFERENCES

COMPANY:

ADDRESS:

PHONE:

FAX:

COMPANY:

ADDRESS:

PHONE:

FAX:

COMPANY:

ADDRESS:

PHONE:

FAX:

COMPANY:

ADDRESS:

PHONE:

FAX:

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms of sale as shown on each invoice.

Applicant, by signing this credit application, agrees that should collection or legal action become necessary to obtain payment for credit purchases, all costs of collection, including, but not limited to collection agency fees, court costs, lien filing fees and other collection costs will be paid by the Applicant.

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize American Posts LLC to investigate the references listed pertaining to our credit and financial responsibility.

Company Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE FAX TO CREDIT DEPT @ 419-720-0670**