



16778 146th Street, SE, Suite. A, Monroe, WA 98272
Phone: (800) 438-4026 Fax: (800) 833-9231
Email: info@amkinnovations.com
Website: www.amkinnovations.com

CREDIT APPLICATION

_____ If separate credit profile is provided, please check here and send us the information along with this first page of credit application sheet.

Date: _____

Company: _____

Address: _____

City, State, Zip _____

Phone: _____ Fax: _____

Email _____ Web: _____

Owner's Name(s) _____

Accounts Payable Contact: _____

Type of Business _____ Installation _____ System Design _____ Consulting

(Check all that applies) _____ Distribution _____ Manufacturing

Annual Sales: \$ _____

Trade References: (Please list complete address for a minimum of 4 references. Listing firms that will promptly release information by mail will expedite application processing.)

Company: _____

Address: _____

Company: _____

Address: _____

Account#: _____

Phone: _____

FAX: _____

Account#: _____

Phone: _____

FAX: _____

Company: _____

Address: _____

Company: _____

Address: _____

Account#: _____

Phone: _____

FAX: _____

Account#: _____

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BANK INFORMATION

Name of the Institution _____

Address: _____

City, State, Zip _____

Phone: _____ Fax: _____

Account Number: _____

Monthly Credit Desired: \$ _____

I hereby declare that the information given on this application is complete and accurate.

I understand and agree that payment terms are 2% - 10 days, NET - 20 days

(Calculated from invoice ate).

Officer/Signature: _____

Print Name/Title: _____

Date: _____

Please FAX your application to
800-833-9231 for faster approval