



8000 Regency Parkway, Ste 500 ▶ Cary, NC 27511 ▶ 919-460-1212 ▶ Fax 919-460-0258

**For Office Use Only**

Account Status \_\_\_\_\_  
Credit Applied for \$ \_\_\_\_\_  
Credit Approved \$ \_\_\_\_\_  
By \_\_\_\_\_

# APPLICATION FOR CREDIT

All applicable lines must be completed for credit application to be processed

## Company Information

Company Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ Federal ID# \_\_\_\_\_  
North Carolina Tax I D # (if applicable) \_\_\_\_\_ DUN's # \_\_\_\_\_  
Credit amount requested based on monthly purchases \$ \_\_\_\_\_  
Products that you will be purchasing from AMBTRA \_\_\_\_\_  
Owner / President / CEO \_\_\_\_\_  
Name Address SS #  
Accts Payable Department \_\_\_\_\_  
Name Title Phone #

## Bank References

Bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Banker's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
Checking  Savings  Account # \_\_\_\_\_

## Trade References

	Name	Address	City	St	Zip	Phone #
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

The above information is for the purpose of obtaining credit and is warranted to be true. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking and monitoring of credit. The undersigned agrees to pay all collection cost, court cost and legal fees incurred to collect delinquent balances.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Personal Guarantee

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantor shall be in writing and delivered by certified mail.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_