

NEW ACCOUNT APPLICATION

"Protective Linings for Industrial Applications"

AMLS Representative _____ Credit Limit ____ Terms ____ Approved by _____ Date ____

APPLICANT Firm/Corporate Name						
Mailing Address	City _				State	Zip
Shipping Address	City				State	Zip
Telephone No. ()		Fa	x No.	()_	<u>-</u> -	
E-Mail Address		Websit	te			
Type of Business: Corporation Partnership	Sole Pro	Sole Proprietor Date Established				
Buyer Name	A/P Conta	act				
REFERENCES						
Bank	Account 1	Number				
Address	City				State	Zip
Telephone No. ()	_	Fax No.	()	-	
TRADE REFERENCES						
Company Name	Contact _					
Address	City				State	Zip
Telephone No. ()	_	Fax No.	()	-	
Company Name	Contact _					
Address	City				State	Zip
Telephone No. ()	_	Fax No.	()		
Company Name	Contact _					
Address	City				State	Zip
Telephone No. ()	_	Fax No.	()		
The parties concur that this Agreement shall be construed according to the State of Pennsylvania in Allegheny County. In consideration of A severally to pay for all goods, wares, and merchandise supplied to use account with an attorney or collection agency, we agree to pay all cost As it is my intention to establish an open account with American Mad my banking institution(s) to release all information pertaining to my a	merican Mad for the above ts of collection e Liner System	e Liner Syste named busin n including roms, my signa	ems ext ness. I easona ture be	tending control the eventh ble attornal the elow gran	redit, we do herel nt it becomes nec ney's fees. ts my permission	by agree jointly and bessary to place the to my creditors and
be carefully considered and held in the strictest of confidence.						
SIGNED AND DELIVERED THIS DAY OF		_20				
SIGNATURE AND TITLE						