



Requested by: _____

CREDIT APPLICATION

RETURN VIA email:
creditapproval@aidusa.com

Date: _____

Billing Address

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

AP Email: _____

Federal ID #: _____

Shipping Address

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Tax Exemption #: _____
(Please attach copy of your tax exemption certificate.)

Type of Business: Packager ☐ Distributor ☐ Contractor ☐ Producer ☐ Government ☐ Other ☐

Date Incorporated: _____ Organization Type: Corporation _____ Partnership ☐ Proprietorship ☐

Is this the Home Office: Yes _____ No _____ Number of Employees at this location: 1-9 _____ 10-24 ☐ 25-49 _____
50-99 ☐ 100-199 ☐ Over 200 ☐

What products or services do you provide: _____

OFFICERS AND PRINCIPALS

President: _____ Secretary/Treasurer: _____

Vice-President: _____ Purchasing Agent: _____

FINANCIAL INFORMATION

Bank Reference: _____

Address: _____ City/State/Zip: _____

Person to Contact: _____ Telephone: _____

Continued on page 2



CREDIT APPLICATION - PAGE 2 OF 2

TRADE REFERENCES / MAJOR SUPPLIERS

(Please include your account number)

Name: _____

City/State: _____

Telephone: _____ Fax: _____

Email Address: _____

Account Number: _____

Name: _____

City/State: _____

Telephone: _____ Fax: _____

Email Address: _____

Account Number: _____

Name: _____

City/State: _____

Telephone: _____ Fax: _____

Email Address: _____

Account Number: _____

Name: _____

City/State: _____

Telephone: _____ Fax: _____

Email Address: _____

Account Number: _____

Name: _____

City/State: _____

Telephone: _____ Fax: _____

Email Address: _____

Account Number: _____

Name: _____

City/State: _____

Telephone: _____ Fax: _____

Email Address: _____

Account Number: _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms of net 30 days with a 2% late charge per month on delinquent accounts.

Applicant's signature further attests that if paying by credit card a 2.7% processing fee will be added, which represents the fee charged to AID by AID's third-party processing company.

Applicant's signature further attests agreement to reimburse Advanced Industrial Devices for all legal and/or collection costs incurred in an effort to collect overdue invoices owed by applicant.

I authorize the above listed vendors and bank to release information relative to our account for credit information. All information will be held in strict confidence and is intended only for the use of Advanced Industrial Devices Company.

(AID Salesperson)

(Applicants Signature)

(Title)

(Date)

THANK YOU
PLEASE EMAIL COMPLETED FORM TO:
creditapproval@aidusa.com