



AMERITONE - MAUI
 140 ALAMAHA STREET
 KAHULUI, HAWAII 96732
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CREDIT APPLICATION COMMERCIAL

APPLICATION INFORMATION

COMPANY NAME _____

ADDRESS _____

CITY _____
STATE, ZIP _____

ACCOUNTS PAYABLE ADDRESS (IF DIFFERENT) _____

CITY _____
STATE, ZIP _____

NUMBER OF EMPLOYEES _____ PH. # _____ FAX # _____

NO. OF YEARS IN BUSINESS UNDER THIS NAME _____ NO. OF YEARS AT THIS LOCATION _____ SALES VOLUME \$ _____

PAYMENT PERSONALLY GUARANTEED: YES NO BY _____ TITLE _____

TYPE OF BUSINESS

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION IN _____
- STATE OF _____
- SUBSIDIARY DIVISION

FEDERAL ID # _____

HI STATE GE# _____

CREDIT LINE REQUESTED _____

OWNERSHIP

NAME OF OWNER	_____	PHONE NUMBER	_____
HOME ADDRESS	_____	CITY	_____ STATE _____ ZIP _____
NAME OF OWNER	_____	PHONE NUMBER	_____
HOME ADDRESS	_____	CITY	_____ STATE _____ ZIP _____
NAME OF OWNER	_____	PHONE NUMBER	_____
HOME ADDRESS	_____	CITY	_____ STATE _____ ZIP _____

TRADE REFERENCES

COMPANY NAME	_____	PHONE NUMBER	_____
MAILING ADDRESS	_____	CITY	_____ STATE _____ ZIP _____
COMPANY NAME	_____	PHONE NUMBER	_____
MAILING ADDRESS	_____	CITY	_____ STATE _____ ZIP _____
COMPANY NAME	_____	PHONE NUMBER	_____
MAILING ADDRESS	_____	CITY	_____ STATE _____ ZIP _____

TERMS:
 NET 30 DAYS FROM STATEMENT CLOSING DATE. A FINANCE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL PAST DUE BALANCES. THIS IS AN ANNUAL PERCENTAGE RATE OF 18%. COD REQUIRED ON PAST DUE BALANCES.

ALL STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF OUR KNOWLEDGE WE AUTHORIZE THE ABOVE COMPANY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS, FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

COMMENTS:

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____

CREDIT APPROVED AMOUNT _____ CREDIT DISAPPROVED REASON FOR DENIAL _____

BY _____ DATE _____