

CHOOSE YOUR OWN ADVENTURE®

Applicant,

To apply for an open line of account credit, please complete & return this credit application for processing.

Please be sure to include:

- 1) Complete contact information for you & your references. Full contact information consists of
 - A complete address
 - A fax number and/or email address
- 2) The credit line you are requesting
- 3) A completed & signed credit information release authorization form

The above items are **required** and - if not provided - will result in denial of your credit application.

If applicable, please ensure you also include your freight routing guide and state issued resale license or tax exemption certificate with your application.

Please be advised that pricing and discounts are subject to change. All orders will be invoiced at the price & discount in effect at the time the order is processed. The current pricing will supercede any pricing or discount information shown on the purchase order. You agree to these stipulations if you choose to proceed with the completion & submission of this credit application.

If you have any questions or need assistance completing the application, please do not hesitate to contact us.

Sincerely,
Credit Department
Fax: 802-846-9455
Email: orders@chooseco.com

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Credit References

Bank Reference:

<u>Bank Name</u>		Contact Person	
Address			
City	State	Zip Code	
_____ (____) _____		and/or _____	
Your Account Number	FAX Number	Email Address	

Trade References:

1) _____

Company Name

Address	City	State	Zip Code
_____ (____) _____		And/Or _____	
Your Account Number	FAX Number	Email Address	

2) _____

Company Name

Address	City	State	Zip Code
_____ (____) _____		And/Or _____	
Your Account Number	FAX Number	Email Address	

3) _____

Company Name

Address	City	State	Zip Code
_____ (____) _____		And/Or _____	
Your Account Number	FAX Number	Email Address	

ALL ORDERS MUST BE PREPAID UNTIL CREDIT IS APPROVED

We certify that all information contained herein is true and accurate. We understand the standard terms under which credit is granted is 30 days net from invoice date and agree to remit payments in consideration for credit extended. In the event of a delinquency, we agree to pay all reasonable collection costs.

Application Completed By	Signature	Title	Date
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For Internal Use Only:

Processed By: _____	<input type="checkbox"/> Approve <input type="checkbox"/> Denied	Mgr Initials: _____
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CREDIT INFORMATION RELEASE AUTHORIZATION

I, _____, hereby authorize the release of credit information
(please print your name)

regarding

_____, to American International Distribution Corporation for
(organization)

the purpose of obtaining an open line of credit.

(authorized signature)

(printed name)

(title)

(telephone number)

(email address)

(date)