



400 Constitution Dr., Taunton, MA 02780

P 508-822-4226

F 508-822-4476

Credit Application – New Accounts

Complete this section and return to your sales representative for the purposes of opening and account credit terms with Automatic Machine Products.

Business name _____		Parent Co (if applicable) _____	
Business address _____	City _____	State _____	Zip _____
Mailing address _____	City _____	State _____	Zip _____
Phone number _____	Fax number _____	E-mail address _____	
Federal tax ID: _____	Resale Certificate: _____		
A/P Contact _____	Phone _____		
Year established _____	(circle one) Corporation _____	Partnership _____	Sole Proprietor _____
Years at location _____	Annual sales \$ _____	DUNNS # _____	

Ownership Information

List names of all applicant owners, partners and shareholders.

1. Name _____			Title _____	Phone _____
Address _____		City/State/Zip _____		
2. Name _____			Title _____	Phone _____
Address _____		City/State/Zip _____		

Bank Reference

Name _____	Contact _____	Phone _____
Address _____		Fax _____
City/State/Zip _____		Acct.# _____

Trade References (Suppliers)

1. Name _____		Contact _____	Phone _____
Address _____		City/State/Zip _____	Fax _____
			Your acct# _____
2. Name _____		Contact _____	Phone _____
Address _____		City/State/Zip _____	Fax _____
			Your acct# _____
3. Name _____		Contact _____	Phone _____
Address _____		City/State/Zip _____	Fax _____
			Your acct# _____

Signature _____	Title _____	Date _____
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