



American Group
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Credit Application

Note: Before you start

1. Form must be legible and complete. Illegible or incomplete forms will be returned to the applicant.
2. Enrollment form is designed to transfer easily to database. **READ CAREFULLY** before filling in a blank!
3. **USE THIS FORM ONLY!** If submitting a pre-made credit sheet, please also include this form. Verbal application NOT accepted.

Client Information

(Please type or print clearly)

Company Name: _____
Acct Payable Contact: _____
Business Type: _____
D&B Number: _____
Federal ID: _____
State Incorporated: _____ **Year:** _____
Officer 1: _____
Title: _____
Officer 2: _____
Title: _____
Bank Name: _____
Contact: _____
ZIP Code: _____
Phone: _____
Average Balance: _____
Account Number: _____

Trade References

1. Company Name: _____
ZIP Code: _____
Phone: _____
Fax: _____
Credit Rating: _____
2. Company Name: _____
ZIP Code: _____
Phone: _____
Fax: _____
Credit Rating: _____
3. Company Name: _____
ZIP Code: _____
Phone: _____
Fax: _____
Credit Rating: _____

To the best of my knowledge the above statements are true. **My signature below A)** indicates my permission to obtain credit information from the sources referenced and **B)** attest financial responsibility and willingness to pay invoices in accordance with terms.

 Authorized Signature (Digital OK)

 Title

 Date

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Member: _____
Approved: Yes No **Account Code** _____

Effective Date: _____
Terminal Code: _____