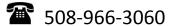


NEW CUSTOMER CREDIT APPLICATION

To be considered for Net 30 Terms, please fill out and return the credit application along with a copy of you W9 (Nov 2017 Version).

Otherwise, AMCOig proudly accepts all major Credit Cards for Pre-Pay Orders.







info@amcoig.com



AMCO Instrument Group, LLC P.O. BOX 775, BELLINGHAM, MA 02019 PHONE: (508) 966-3060 FAX (508) 966-3311

BANK & CREDIT REFERENCE INFORMATION

Name of Company:	Date:
Vendor Code:	E-mail:
Street Address:	Web Page:
City, State, Zip:	Mobile Phone:
	Business Phone:
Country: USA	Fax Number:
Check One: CorporationPartnership Sole Proprietorship	Years in Business:
Individual GovernmentLLCLLP	Federal ID #:
Type of purchase control system: Purchase order	
NAMES OF OFFICERS/OWNERS:	
Name:Title	::% of Ownership:
Home Address: City:	State: Zip:
Pending Litigation?: If Yes, Give details	
Ever filed bankruptcy?: If Yes, give Date, City, and state	

3 TRADE REFERENCES:

Name	Address	Account Number
Balance Due \$	Phone/Fax No.	Contact Person
Name	Address	Account Number
Balance Due \$	Phone/Fax No.	Contact Person
Name	Address	Account Number
Balance Due \$	Phone/Fax No.	Contact Person
CREDIT REFERENCE:		
Bank:	Branch:	Ckg. Acct.:
Contact Person:		Phone #:
Loan #:		
credit with you. The undeciding to grant or comprovided is true and converted notice of a character of the converted provided in the converted provided in the converted provided provi	ndersigned understands that you are recontinue credit. The undersigned recomplete and that you may consider it age is given to you by the undersigned including but not limited to pulling	for the purpose of obtaining or maintaining elying on the information provided herein in presents and warrants that the information as continuing to be true and correct until a d. You are authorized to make all inquiries personal credit reports on any owners or the statements made herein to determine my
NAME:	SIGNAT	URE:
TITLE:	DATE	E: