



Credit Application Form

All Machinery Maintenance LLC

Date of Application Amount Requesting Account Type

		<input type="checkbox"/> Cash	<input type="checkbox"/> Net 15	<input type="checkbox"/> Net 30
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Personal Or Business Information

Full Name			
Address			
Phone	Email		EIN Or SSN
Tax Exempt?	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	Years In Business:
Type of Business	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietorship	Other:

Accounts Payable / Accounting Info

AP Contact Name:	
AP Phone Number:	
AP Fax:	
AP Email:	

Credit / Trade References


Company Name:	Company Phone:	Company Email:

Signature

Signed:	Print Name:
Date:	Title:

Everything stated above is correct and complete. All Machinery Maintenance LLC is authorized to investigate the information stated above including but not limited to the bank and trade references to verify the financial condition of the applicant company. All costs of collection will be debtor's responsibility, including a reasonable attorney's fee, should collection through an attorney be necessary. I am duly authorized to execute this application on behalf of the applicant.

Attach a copy of any tax exempt certificates and your W9 Form when returning this application to the email address below.

 accounting@allmachinerymaintenance.com