

**AMCON CONTROLS, INC.**  
**11906 Warfield**  
**San Antonio, Texas 78216**  
**Tel: (210) 349-6161 – Fax: (210) 341-0695**  
**E-mail: [www.amcon.net](http://www.amcon.net)**

COMMERCIAL CREDIT APPLICATION AGREEMENT

**CREDIT REQUIREMENTS:** If credit information in this application does not meet our requirements, additional financial information and/or personal guaranty will be requested.

BUSINESS NAME	BUSINESS PHONE	
EMAIL / WEBSITE ADDRESS	BUSINESS FAX	
BILLING ADDRESS	CITY	STATE ZIP CODE
SHIPPING ADDRESS (IF DIFFERENT)	CITY	STATE ZIP CODE
DATE ESTABLISHED	NATURE OF BUSINESS	

LEGAL ENTITY:     CORPORATION     PARTNERSHIP     MUNICIPALITY     OTHER \_\_\_\_\_

**THE OWNER'S AND/OR OFFICERS ARE:**

NAME	TITLE
NAME	TITLE
NAME	TITLE

**IF INDIVIDUAL:**

OWNER'S NAME	DRIVERS LIC. #	SOC.SEC. #
HOME ADDRESS	CITY	STATE ZIP CODE
HOME PHONE		

\_\_\_\_\_  
BANK REFERENCE

\_\_\_\_\_  
BANK OFFICERS NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE ZIP CODE

\_\_\_\_\_  
ACCOUNT NO.

\_\_\_\_\_  
PHONE NUMBER

*(PLEASE NOTIFY AND GIVE YOUR BANK AUTHORIZATION TO RELEASE CREDIT INFORMATION)*

THE FOLLOWING ARE THREE (3) TRADE REFERENCES THAT YOU ARE PRESENTLY DOING BUSINESS WITH.  
PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER.

\_\_\_\_\_  
REFERENCE NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
REFERENCE NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
REFERENCE NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

**SALES TAX APPLICABLE:**

YES

NO

Sales Tax will be added to all purchases unless a signed exemption certificate addressed to AMCON CONTROLS, INC. is on file.

**TERMS AND CONDITIONS OF SALES AGREEMENT:**

Terms are NET 30 from INVOICE DATE. By signing this application, it is AGREED that an interest charge of 1.5% (18% per annum) will be charged on all overdue balances past the INVOICE "DUE DATE".

I (we) understand that all information furnished herein is for the purpose of obtaining credit from AMCON CONTROLS, INC.

I (we) authorize AMCON CONTROLS, INC. to investigate my (our) bank and credit references in order to establish an open line credit for my (our) company.

**SIGNATURE OF OWNER/OR OFFICERS REQUIRED:**

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_