



Fax to 1-800-444-6044

NEW ACCOUNT INFORMATION

For Office Use Only
Date Submitted
Whse: Comm Plan
Sales In
Sales Out
Ship Via Pr. Class
Order Amount
Source
Specialist Chain
Distributor Select.

Legal Name & DBA
Address
City State Zip
Phone Fax
E-mail
Owner/President SS#
Accounts Payable Contact Phone
Tax Exempt# ( ) Sole Proprietor ( ) Partnership ( ) Corp ( ) LLC Date Created

I WISH TO PREPAY FOR ORDERS BY ELECTRONIC CHECK (ACH DEBIT)
Please complete attached AUTHORIZATION AGREEMENT

I WISH TO PREPAY FOR ORDERS BY CREDIT CARD
Cardholder Account# Exp Date
Billing Address City State Zip

I WISH TO PAY FOR ORDERS C.O.D. BY MONEY ORDER OR CERTIFIED CHECK

I WISH TO APPLY FOR CREDIT or C.O.D. COMPANY CHECK
Bank Name Account# ABA/Routing#
Account Name on Checks Bank Phone
1) Reference Name 2) Reference Name
Account # Contact Name Account # Contact Name
Phone Fax Phone Fax
3) Reference Name 4) Reference Name
Account # Contact Name Account # Contact Name
Phone Fax Phone Fax

All amounts due must be received within credit terms. Credit Hold status will be placed on ALL overdue accounts. Delinquent invoices are subject to a 1.5% service charge per month. In the event of default, reasonable attorney fees and collection costs will be charged where permitted by law. If court involvement is necessary to settle an unpaid balance, jurisdiction will reside in Pinellas County, Florida. All checks may be converted to an electronic (ACH) payment. There will be a \$15.00 service charge on all returned checks. I certify that the facts contained in this document are true and complete to the best of my knowledge. I hereby authorize the investigation of all references listed above to obtain pertinent information and understand that any information obtained will be held in strictest confidence. My signature below authorizes full release of this information over the phone to AAMP of America. We agree to abide by all terms set on this application and authorize AAMP of America to review our personal and company credit information.

PRINT NAME: TITLE: SIGNED:

The Undersigned will be personally and individually responsible for all debts incurred by the above company, by ourselves, or our representatives. We acknowledge that we are signing not only in our business capacity, but individually to personally guarantee all account indebtedness.

PRINT NAME: SS#: SIGNED:



**Please complete this form if you wish to pay for orders by Electronic Check (ACH Debits). Please note that large orders may require references and/or a personal guarantee.**

<b>AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)</b>	
Company Name _____	
I (we) hereby authorize AAMP of America, hereinafter called COMPANY, to initiate debit entries to my (our) <input type="checkbox"/> Checking Account/ <input type="checkbox"/> Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.	
Bank Name _____	Phone _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
This authorization is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Name(s) _____	SS Number _____
(Please Print)	
Date _____	Signature _____



**MULTI-STATE SALES TAX EXEMPTION AND RESALE CERTIFICATE**

I certify that:

Name of Purchaser \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

is engaged as a registered (please check all that apply)

- Wholesaler
- Retailer
- Manufacturer
- Lessor

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

General Description of Business \_\_\_\_\_

Description of products to be purchased from the seller: \_\_\_\_\_

**List State Registration, Seller's Permit, or Tax Exempt ID Number for each state the form applies:**

AL: _____	IN: _____	NE: _____	SC: _____
AK: _____	IA: _____	NV: _____	SD: _____
AR: _____	KS: _____	NH: _____	TN: _____
AZ: _____	KY: _____	NJ: _____	TX: _____
CA: _____	LA: _____	NM: _____	UT: _____
CO: _____	ME: _____	NY: _____	VT: _____
CT: _____	MD: _____	NC: _____	VA: _____
DC: _____	MA: _____	ND: _____	WA: _____
DE: _____	MI: _____	OH: _____	WV: _____
GA: _____	MN: _____	OK: _____	WI: _____
HI: _____	MS: _____	OR: _____	WY: _____
ID: _____	MO: _____	PA: _____	
IL: _____	MT: _____	RI: _____	

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

\_\_\_\_\_  
 Purchaser's Authorized Signature (Owner, Partner, or Corporate Officer) Title Date