

BUSINESS CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Year Business Started: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SOLE PROPRIETORSHIP     PARTNERSHIP     CORPORATION    CREDIT LINE REQUESTED \_\_\_\_\_

BANK AND TRADE REFERENCES

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

1. WE HEREBY APPLY FOR CREDIT AND AFFIRM RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH TERMS SET FORTH BY THE AMAZING MAIL SOLUTIONS, INC.
  2. OPEN INVOICES ARE BILLED ON OR ABOUT THE 20<sup>TH</sup> OF EACH MONTH AND ARE TO BE PAID BY THE 1<sup>ST</sup> OF THE MONTH.
  3. WE AGREE TO PAY A MONTHLY FINANCE CHARGE OF THE MAXIMUM APPLICABLES STATE RATE ON ALL PAST DUE BALANCES.
  4. BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE AMAZING MAIL SOLUTIONS, INC. TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.
  5. WE AGREE TO PAY ALL COST OF COLLECTION AND LITIGATION ON THIS ACCOUNT IN ACCORDANCE WITH THE LAWS OF CREDITOR'S STATE OF INCORPORATION.
- \_\_\_\_\_  
 Signed By \_\_\_\_\_ Print Name  
 Date: \_\_\_\_\_

AUTHORIZATION TO CHARGE CREDIT OR DEBIT CARD

I hereby authorize Amazing Mail Solutions, Inc. to charge my credit/debit card (referenced below) for any outstanding invoices. This agreement will remain in effect until rescinded in writing by me.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**DO NOT SUBMIT CREDIT CARD NUMBER BY FAX OR EMAIL.**  
Submit number by mail with original application or by telephone.

Type of card:       VISA       MASTERCARD       DISCOVER       AMERICAN EXPRESS

Credit Card #: \_\_\_\_\_ Expiration Month: \_\_\_\_\_ Year: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

SPECIAL INSTRUCTIONS (include other person's, employees, or representatives authorized to use your account).