

American Products, Inc.
Cash Account Application



New Account Application (Confidential Information)

FOR OFFICE USE ONLY

| | |
|--------------|------------------|
| APPROVED | DECLINED |
| DATE | SALES REP NUMBER |
| CUSTOMER NO. | SALES REP NAME |

| | | | | | |
|--|------------------|------------------------|--|----------|--|
| COMPANY NAME | | | FED TAX ID NO. | | |
| ADDRESS | | | SOCIAL SECURITY NO. | | |
| CITY | STATE | ZIP | DRIVERS LICENSE NO. | | |
| SHIPPING ADDRESS | | | STATE OF ISSUE | EXP DATE | |
| CITY | STATE | ZIP | TAX EXEMPT (CHECK ONE): <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PHONE NUMBER | FAX NUMBER | | CERTIFICATE NO. (COPY OF CERTIFICATE MUST BE ATTACHED) | | |
| YEARS OF OPERATION | TYPE OF BUSINESS | | | | |
| TYPE OF OWNERSHIP (CHECK ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP | | | CREDIT LINE REQUESTED | | |
| DO YOU ISSUE PURCHASE ORDERS FOR MATERIALS AND SERVICES? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO | | COMPANY EMAIL ADDRESS: | | | |

Owners & Principals

| | | | | | |
|--------------|-------|---------------|-------|--|--|
| NAME | | | TITLE | | |
| HOME ADDRESS | | EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | | |
| NAME | | | TITLE | | |
| HOME ADDRESS | | EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | | |

Authorized to Purchase on Account:

| | |
|-------|-------|
| NAME | NAME |
| TITLE | TITLE |

By signing this form I understand that all invoices/sales orders on this account are due on receipt of material. This Account will not carry on a balance at any time.

| | |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
| PRINTED NAME | |