

American Kitchen Machinery & Repair Co., Inc. 204 Quarry St., Philadelphia, PA 19106

Phone: 215-627-7760 Fax: 215-627-1604

New Customer Information and Credit Application

Thank you for your interest in our company. If you would like to apply for an open account, please complete this two page form. Our terms are NET 30 DAYS from the date of invoice.

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Legal Business Name:			
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City:		State.	Zíp:
Phone: ()	Fax: (e-mail:
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D. How Long Has Your Business Been Establ	ished?		No. Of employees:
E. Dun and Bradstreet Number if applicable:		***************************************	
F. Acct., Payable Contact:		G. Parts C	ordering Contact:
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Phone: ()		Fax: ()	

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Trade References: (Please sup	oply at least three suppliers.)	
Credit Reference:		
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Please attach a copy of you your resale certificate is attasales tax. I authorize the release of file	E PROCESSED UNLESS THIS SECTION IT resale Certificate for each state in whached, we must treat you as TAXABLE at mancial and credit data by any bank or commation is used solely to establish an offidence.	nich you are exempt. Unless a copy of and charge any local, county, and state vendor with whom we do business to
Name of Firm:		
Signed By:		
Print Name:		
Title:		· · · · · · · · · · · · · · · · · · ·
Date:		