

# **AIM<sup>TM</sup> Alliance in Manufacturing, LLC**

3736 Windsor Place, St. Louis, Missouri 63113

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Sales Representative: \_\_\_\_\_

## **CREDIT APPLICATION FORM**

Company: \_\_\_\_\_ Doing Business Since: \_\_\_\_\_

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

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

Tel: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ State Resale #: \_\_\_\_\_

Legal Entity: i.e.: Corporation, Partnership, LLC \_\_\_\_\_ Website: \_\_\_\_\_

## **OWNERS / PARTNERS / OFFICERS**

Name(s)	Title	Tel.	E-Mail Address
_____	_____	_____	_____
_____	_____	_____	_____

A/P Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Ext. \_\_\_\_\_ E-Mail: \_\_\_\_\_

## **BANK REFERENCES**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## **SUPPLIER REFERENCES**

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I certify that the information in this application is correct. The information included in this application is for the use of Alliance in Mfg. in determining the amount and conditions of credit to be extended. I also understand Alliance in Mfg. may also utilize other sources of credit information which it deems reliable in making this determination. Further, I hereby authorize the Bank and Suppliers above to release the information necessary to assist Alliance in Mfg.*

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

PLEASE FAX US YOUR RESALE CERTIFICATE (ST-3 or ST-3NR) WITH CREDIT APPLICATION

Tel: 314-333-4323 or 800-613-1086

Fax: 314-333-4326 or 800-613-1096

Website: [www.AIM-Alliance.com](http://www.AIM-Alliance.com)