



American Filing Solutions

P.O. Box 891719

Temecula, CA 92589

APPLICATION FOR CREDIT

THE INFORMATION BELOW IS FOR THE CONFIDENTIAL USE OF AMERICAN FILING SOLUTIONS ONLY. THIS SECTION MUST BE COMPLETED IN FULL AND FAXED TO 951-506-7717 (Please print or type)

Firm name: _____

Street address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please check one: Individual () Partnership () Corporation () Proprietorship () LLP ()

Federal I.D. or Social Security No: _____ Date established: _____

If Sole Proprietor or Partnership, please list Principal(s). If corporation list Officers.

Full name: _____ Title: _____ Phone: _____ SSN _____

Home address: _____ City: _____ State: _____ Zip: _____

Full name: _____ Title: _____ Phone: _____ SSN _____

Home address: _____ City: _____ State: _____ Zip: _____

Full name: _____ Title: _____ Phone: _____ SSN _____

Home address: _____ City: _____ State: _____ Zip: _____

Trade references

Company: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Company: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Company: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Company: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Reference

Bank Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking account number: _____ Loan account number: _____

Has the applicant ever filed a petition for bankruptcy? () Yes () No If Yes, when? _____

This application is subject to American Filing Solutions terms and conditions of sale. Title of unpaid goods shall remain in American Filing Solutions name until unpaid said purchase price, together with interest thereon, shall have been paid in full in cash. A 1 ½% per month (18% annum) of the unpaid balance will be added to all delinquent accounts. If any legal action is required to collect and recover amounts owing under this credit arrangement, the undersigned agrees to pay all the costs of collection, including attorney's fees and any applicable finance charges. I hereby authorize the above named references to release my credit information to American Filing Solutions Systems for their exclusive use.

Applicant name (Please Print) Applicant's Signature, Title and Date