

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

3302 Croft Street * Norfolk, VA 23513 * PH: (757) 855-5100 * Fax: (757) 855-5108 * jparnoff@actamerican.net

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Company Billing Address:			
City:		State:	ZIP Code:
Credit Limit Requested:			
AC Tech Representative:			
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
Phone:	Fax:		
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Contact:	Account#:
Fax Number is Required			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Contact:	Account#:
Fax Number is Required			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Contact:	Account#:
Fax Number is Required			
AGREEMENT			
1. All invoices are to be paid 30 days from the date of the invoice.			
2. Claims arising from invoices must be made within seven working days.			
3. By submitting this application, you authorize Allied Construction Technologies, Inc., to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Signature: Print Signature: Title:		Signature: Print Signature: Title:	
Date:		Date:	