



# Allied Midwest Merchandisers, Inc.

1111 N. Cliff Ave • PO Box 1504 • Sioux Falls, SD 57101  
Phone (605) 338-7021 • (888) 404-4576 • Fax (605) 335-0813

## Credit Application

### Account Info:

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Sales Tax No. \_\_\_\_\_ Years in Business: \_\_\_\_\_

### Principals:

Name/Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Title: \_\_\_\_\_ Phone # \_\_\_\_\_

### Bank Info

Bank Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

### References

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### Financial Statement:

*Please enclose a copy of Financial Statement.*

### Personal Guarantee

In return for the extension of credit the undersigned hereby jointly as severally personally guarantees to pay and be responsible for payment of all amounts due Seller by Applicant, including collection charges and/or reasonable attorney's fees. This shall be an open and continuing guarantee, notwithstanding any changes, removals, extensions or the like, granted by the Seller. The undersigned hereby waives notice of default or non-payment. Seller shall be entitled to look to the undersigned for full payment without prior demand, notice or seeking recourse against any other party.

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

### Agreement:

Signing party agrees to abide by the Terms and Conditions of this agreement as attached. In addition, it is understood that all invoices are to be paid according to our terms, and that a service charge will be assessed on past due invoices. Signing party agrees to pay such service charges when billed. In the event of collection or legal action, signing party agrees to pay all costs and reasonable attorney fees. Allied Midwest Merchandisers, Inc. reserves the right to extend, limit or terminate credit at any time, for any reason. If this agreement represents more than one party, it shall be joint of all persons. If this agreement is on behalf of a corporation, the signing party acknowledges that he/she has the authority to enter into such agreement on behalf of the corporation. The undersigned states that he/she is authorized to bind the application, and that the agreement is understood and agreed upon, and that the information contained herein is true and correct.

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_