



Net 30 Application

NOTE: This application must be filled out completely. Initial at the bottom of each page. Facsimile copies of this application will be accepted. AFO reserves the right to approve and/or disapprove credit at its sole discretion, **and may require a personal guarantee.** For faster processing, please attach a copy of articles of organization and/or letter authorizing duly appointed representative.

Name of person filling out this application	
Name of AFO account representative	

Requested Line of Credit

BUSINESS INFORMATION

Estimated purchases:
Please state approximate volume for this year.

Calendar Year	Monthly Volume	Annual Volume*

Dunns#:

NOTE: In lieu of Dunns# please provide Financial Statements for previous year and current ytd

True Name of Entity		Type of Business	
Property Name		Years in Business	
Corporate Office Address		Fax #	
Billing Address			
Property Address			
Property Main Phone #			
Property E-mail Address			
EIN#			
A/P Contact Name		A/P Contact Phone #	
A/P Contact Email		Invoices should be?	Emailed Faxed Mailed Software

OWNER / KEY EXECUTIVE INFORMATION

Owner / Officer		Title	
Email address		Main Phone #	
Cell Phone #		Fax #	
Address		City, State, Zip Code	

Remit Payments to: 321 W 84th Ave Suite A, Thornton, CO 80260 720-772-3444 Fax: 720-974-5281

Applicant Initials _____

TRADE REFERENCES

Three trade references required with whom you have done business in the last year (personal references not accepted). We cannot accept references from HD Supply, Home Depot, Sears, Fedex, A&K Appliances, Arbor Carpet, Aramark, Scent Air Technologies, Wilmar and Redi Carpet.

1) Name		Account #	
Address		City, State, Zip Code	
Phone #		Fax #	
Email			
2) Name		Account #	
Address		City, State, Zip Code	
Phone #		Fax #	
Email			
3) Name		Account #	
Address		City, State, Zip Code	
Phone #		Fax #	
Email			

BANKING INFORMATION

Bank Name:		Contact Person:	
Account #		Phone #	

I UNDERSTAND THAT APPLIANCE FACTORY OUTLET TERMS ARE PAYMENT IS DUE 30 DAYS FROM DELIVERY DATE. I hereby guarantee the prompt payment of all invoices when due. I acknowledge that any invoice which is not paid within 30 days will incur a \$50 late payment fee and will accrue interest at the rate of 3.5% per month (42% per annum). I further acknowledge that I understand that Appliance Factory Outlet will issue an intent to lien on any invoice more than 30 days from delivery and a lien will be filed if an invoice is not paid within 10 days of our receipt of the intent to lien. If the account falls into arrears, the total balance then becomes due and payable. I agree to pay all collection costs and attorney fees for any legal action necessary should the account become delinquent. I certify that I have read and fully understand the conditions of this agreement; that I am authorized by the business applicant herein to certify this application, and authorize Appliance Factory Outlet to contact the trade references.

Executive/Preparer's Signature (if different than owner/key exec) Signature Owner/Key

Printed Name and Title

Date

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