PO Box 431 San Bernardino, CA 92402



| Credit Ap | plication |
|-----------|-----------|
| Dorto | |

| Date | |
|------------|--|
| Customer | |
| Sales Rep. | |

| www.myamtex.com 📞 800-650-3360 📵 sales @myamtex.com | | | | |
|--|--|-------------------------------|---------------------|-----------------------|
| Type of Business (check one) Corporation | Proprietorship | Partnership | | |
| Name of AMTEX sales person (if you are working with o | ne): | | | |
| How long have you been in business? | _ | | | |
| INSTRUCTIONS (Please carefully read the instructions Please complete section 1, 2, 3, & 4 (print or typ Please complete the mandatory information in Sec Please attach a copy of the business license to er Please fill in all the required information in section | e all the information) tion 1 about legal nar able us to process the | e order | : | |
| IF YOU HAVE ANY OTHER HOTELS YOU OWN, PLE | ASE LIST THEM HEI | RE: (THIS MAY EXPEDITE THE P | ROCESSING OF THIS A | PPLICATION) |
| PROPERTY NAME & ADDRESS: | | | | |
| DATE OF OWNERSHIP Existing | J Account w/ us?(Y/ | N) (if yes list account #) | | |
| 2. PROPERTY NAME & ADDRESS: | | | | |
| DATE OF OWNERSHIP Existing | J Account w/ us?(Y / | N) (if yes list account #) | | |
| 3. PROPERTY NAME & ADDRESS: | | | | |
| DATE OF OWNERSHIP Existin | g Account w/ us?(Y / | N) (if yes list account #) | | |
| Name of Business DBA (if d | fferent) | Phone Number | | Fax Number: |
| Email | | Federal ID# | | If Incorporated Where |
| Prior Company Name (if changed within 1 year) | | | | |
| Local Address: Street | | City | State: | Zip: |
| Principal Address: Street | | City | State: | Zip: |
| Legal Name of the Business | | License No. | Place of is | ssue (City) |
| Corporate Officers: President | | V.P | | |
| If Partnership, Principal Partner (1) | | Partner (2) | | |
| | | | | |

SECTION 3

SECTION 2

Bank Name

Phone #

Fax#

TRADE REFERENCE (List Three)

BANK INFORMATION

Branch Location

Account #

Contact

| L Company Name DBA (if different) Phone Number Fax Number: Cortact Account # If Company Name DBA (if different) Phone Number Fax Number: Account # If Company Name DBA (if different) Phone Number Fax Number: City State: Zip: Cortact Account # If Company Name DBA (if different) Phone Number Fax Number: Account # If Company Name DBA (if different) Phone Number Fax Number: City State: Zip: Cortact Account # The information on this application is submitted for the purpose of requesting extension of credit for commercial business use only. Applicant's signature attests financial responsibility, ability and veilingness to say for motivate's supplied according to our credit terms which are stated in the invoice. I am on authorized representative of the responsibility, ability and veilingness to say for motivate's supplied according to our credit terms which are stated in the invoice. I am on authorized representative of the responsibility, ability and veilingness to say for motivate's supplied according to our credit terms which are stated in the invoice. I am on authorized representative of the responsibility, ability and veilingness to say for motivate's supplied according to our credit terms which are stated in the invoice. I am on authorized representative of the responsibility, ability and veilingness to say for motivate according to the contact. I also authorize any bank or commercial business with whem the applicant is doing or has any type of business of past of the form to the contact. I also authorize any bank or commercial business with whem the applicant is done or has any type of business of according to the contact of the contact is a supplicant commany, by certified mail. The original applicant will remain itsels until such time at AMTEX has received notice of the change in legislature of the part of the contact of time to such notice. Further, and the placed for collection the applicant agrees to pay all costs of collection including, but not initiate to attorney free of the formation for th | | | | | | |
|--|---|--|--|--|--|--|
| B. Company Name | i. Company Name | DBA (if different) | Phone Number | Fax Number: | | |
| Ii. Company Name DBA (if different) Phone Number Fax Number: Address: Street Clipy State: Zip: Contact Account # Iii. Company Name DBA (if different) Phone Number Fax Number: Address: Street Clipy State: Zip: Contact Account # The information on this application is submitted for the purpose of requesting extension of credit for commercial business use only. Applicant's signature attests financial responsibility, ability and willingness to pay for materials supplied according to our credit terms which are stated in the invoice. I am an authorized representative of the above named company, to act in behalf of said company or organization. I hereby authorize any and all credit reporting agencies to disclose all information concenting disclose any and all meassays information to American Tex-Chem Corporation. I. in, Cheminating Textorial as AMTEX is investigate the applicant's cordis status from time to time as AMTEX downs necessary. Lundertake to notify AMTEX, regarding any changes in the legisla status and been given a reasonable period of fam to such notice. Further, should this amount be placed for collection the applicant agrees to pay all costs of collection medicaling, but not limited to attempt fees of 25% or more. Signature: Print Name: Print Name: Pri | Address: Street | | City | State: | Zip: | |
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| The attached "TERMS OF EXTENSION OF CREDIT AND OF GUARANTY AGREEMENT" INCORPORATED HEREIN BY THIS REFERENCE. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF AND AGREEMENT TO THE "TERMS OF EXTENSION OF CREDIT AND OF THE GUARANTY AGREEMENT" In consideration of the Extension of Credit to the Owner/Property by American Tex-Chem Corporation, Inc., I hereby certify the truthfulness of the Information provided above, which shall be considered material represented and inducements to extend credit. I further certify that I have the authority to bind the owner property to the Terms contained herein and that by signature below. I do so bind the owner/property and myself as personal guarantee, in accordance with the Terms of Credit application and Guaranty Agreement. I full and unconditionally guarantee to American Tex-Chem Corporation, Inc the prompt payment of bills and all other charges which may become due in accordance with the terms and conditions of Extension of Credit by American Tex-Chem Corporation, Inc whenever the company shall fail to pay same. I agree to indemnify American Tex-Chem Corporation, Inc. for all expenses incurred in connection with collection of amount payable, including court costs and attorneys' fees. I understand that this guaranty shall continue and be irrevocable until all the amount under the terms of Credit has been paid, or until I receive written release from this guaranty from American Tex-Chem Corporation, Inc. See additional terms & conditions at www.myamtex.com | Email: | | | | | |
| HEREBY ACKNOWLEDGES RECEIPT OF AND AGREEMENT TO THE "TERMS OF EXTENSION OF CREDIT AND OF THE GUARANTY AGREEMENT" In consideration of the Extension of Credit to the Owner/Property by American Tex-Chem Corporation, Inc., I hereby certify the truthfulness of the Information provided above, which shall be considered material represented and inducements to extend credit. I further certify that I have the authority to bind the owner property to the Terms contained herein and that by signature below. I do so bind the owner/property and myself as personal guarantee, in accordance with the Terms of Credit application and Guaranty Agreement. I full and unconditionally guarantee to American Tex-Chem Corporation, Inc the prompt payment of bills and all other charges which may become due in accordance with the terms and conditions of Extension of Credit by American Tex-Chem Corporation, Inc whenever the company shall fail to pay same. I agree to indemnify American Tex-Chem Corporation, Inc. for all expenses incurred in connection with collection of amount payable, including court costs and attorneys' fees. I understand that this guaranty shall continue and be irrevocable until all the amount under the terms of Credit has been paid, or until I receive written release from this guaranty from American Tex-Chem Corporation, Inc. See additional terms & conditions at www.myamtex.com | Social Security #: | | Home Phone #: | | | |
| | HEREBY ACKNOWLEDGES I In consideration of the Extensi above, which shall be consider contained herein and that by s Guaranty Agreement. I full andue in accordance with the ten indemnify American Tex-Chem I understand that this guaranty guaranty from American Tex-C | RECEIPT OF AND AGREEMENT TO THE "T ion of Credit to the Owner/Property by Americ red material represented and inducements to rignature below. I do so bind the owner/proper d unconditionally guarantee to American Texms and conditions of Extension of Credit by An Corporation, Inc. for all expenses incurred in a shall continue and be irrevocable until all the them Corporation, Inc. See additional terms & | ERMS OF EXTENSION OF CREDIT AN can Tex-Chem Corporation, Inc., I herebextend credit. I further certify that I have ty and myself as personal guarantee, in Chem Corporation, Inc the prompt paymerican Tex-Chem Corporation, Inc who connection with collection of amount pay a amount under the terms of Credit has conditions at www.myamtex.com | D OF THE GUARANT' by certify the truthfulnes the authority to bind the accordance with the Te ent of bills and all othe enever the company sha vable, including court co | of AGREEMENT" s of the Information pro cowner property to the T erms of Credit application r charges which may be all fail to pay same. I agu ests and attorneys' fees. | vided erms n and come ree to |

| Signature:(Guarantor) | | personally and a | as(Title) | of the owner/ property. | | |
|---|---|----------------------------------|--------------|-------------------------|--|--|
| Print Name: | | Social Security number of Signer | | | | |
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| | | | | | | |
| | CREDIT CARD AUTOMATIC PLAN | | | | | |
| Name As It Appears On Card | ☐ American Express | ☐ Visa | ☐ MasterCard | Discover | | |
| Account # | Expiration D | Date | | Authorization # | | |
| | PERMISSION | I TO CHARGE MY CRI | EDIT CARD | | | |
| I (we) hereby authorize American Te merchandise supplied. This authorizat either of us) in such time and manner a | ion is to remain in full force and effe | | | | | |
| Signature | Date | Signature | | Date | | |
| Print Name: | | Print Nam | ne: | | | |
| | | | | | | |
| For Office Use Only | | | | | | |
| ACCOUNT # A | CCOUNT OPENED DATE | APP | PROVED BY | | | |