AmSolv

Total Water Management Division of Amrep, Inc.

\$1200.00 MINIMUM INITIAL ORDER\$250.00 MINIMUM ON FUTURE ORDERS

Return to: AmSolv 990 Industrial Park Dr. Marietta, GA 30062

ATTN: Lanora Stone

FAX: 1-800-804-7371

NEW CUSTOMER INFORMATION & APPLICATION FOR CREDIT

& APPLICATION FOR C	REDIT	(PLEASE PRINT OR TYPE)		
Company Name:	Phone:	Fax:		
Billing Address:	City:	State: Zip:		
How long in business?:	Business Description: Manufacture	Distributor Retailer End User	r	
Previous Amrep Customer? Yes	NoIf yes, under what name?			
Are you a member of a buying grou	up? Yes No If yes, which one	?		
Anticipated MONTHLY AMREP	purchases:	Credit Line Requested: \$		
PRINCIPAL OWNER(S)/STOC (Mr.) (Mrs.) Name: (Ms.)	KHOLDERS			
Has the applicant ever filed Bankru		state when and where on the reverse side of this date of discharge of the case as applicable.	3	
Bank Name:	Account #:			
TRADE REFERENCES 1 Company:	2 3	4		
City/State:				
Phone:				
applicant in this application is true Amrep's collection practices. Amr pay all collection costs incurred by	rep's normal credit terms are 1% 10 net 30	y all amounts owing to Amrep in accordance w from invoice date. Applicant further agrees to ect amount owed by applicant, including court	ith	
By:	Title/Position:	Date:		
By:	Title/Position:	Date:		
Amrep Sales Representative:		Territory:		
	(MUST BE SIGNED TO PROCE	SS)		

If NEW in this business, Personal Credit Reference may be substituted above. A PERSONAL GUARANTY is usually required if in business 2 years or less. See reverse side of application.