

**Wholesale Only Credit Application  
AmeriCAL, INC.**

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Business Type:**

Sole Proprietorship

Partnership

Corporation

In State of: \_\_\_\_\_

**Home Address & Phone Number of Principals Or Owners/Company Title:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Person (s) to Contact Regarding Purchase Orders and Invoice Payments, Title, Address & Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bank Reference: Account Number, Contact, Title & Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trade References: Company Name, Address, Contact, Title, Phone Number & Fax Number:**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery: (2) Any charges unpaid after the above 30 days are to be increased by 1 ½% per month: (3) If any charges remain unpaid after 60 days from the date of delivery, account will be placed in C.O.D. status: (4) Any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser: (5) Title to all work shall remain with the creditor until all invoices and additional charges have been paid in full: (6) All claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted: (7) This agreement shall apply to all current and future charges unless revocation is received by registered mail: (8) Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

**We testify that the purchase of this product is for resale only.**

**CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED**

\_\_\_\_\_  
Authorized Signature (**Owner/CEO**)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (**Owner/CEO**)

\_\_\_\_\_  
Date

**Return Application to:** AmeriCAL, Inc. 6620 F Street, Omaha, NE 68117  
Attn: Accounts Receivable or Fax 800-333-0078 – Phone 800-228-8809  
accounting@americalstickers.com