



COMPANY INFORMATION

LEGAL COMPANY NAME:	Please send Completed Credit Application to the Following: Fax: 336-882-8983 E-Mail: accounting@axiomamerica.com (Please include Applicable Sales Tax Exemption Certificates)		
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS/WEBSITE:	
TYPE OF BUSINESS			
TYPE OF ENTITY	DUNS #		
FEDERAL TAX I.D. NUMBER:	NUMBER OF YEARS IN BUSINESS		

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

NAME:	ADDRESS:	TITLE
NAME:	ADDRESS:	TITLE
NAME:	ADDRESS:	TITLE
NAME:	ADDRESS:	TITLE

TRADE REFERENCES

COMPANY:	CONTACT:	PHONE#:	FAX#:
COMPANY:	CONTACT:	PHONE#:	FAX#:
COMPANY:	CONTACT:	PHONE#:	FAX#:
COMPANY:	CONTACT:	PHONE#:	FAX#:

BANK REFERENCES

BANK/BRANCH:	ACCOUNT NUMBER:	PHONE#:	FAX#:
BANK/BRANCH:	ACCOUNT NUMBER:	PHONE#:	FAX#:
SIGNATURE:	PRINT NAME AND TITLE:	DATE:	



axiom america

Archdale NC | Baltimore MD | Evansville IN | Grafton OH

☎ 800-697-6523
☎ 336-882-8983
✉ info@axiomamerica.com
🌐 www.axiomamerica.com

CONDITONS AND AGREEMENT OF CREDIT SALES - CREDIT AUTHORIZATION
(MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER / PLEASE SEE TERMS AND CONTIDIONS ON PAGE 2)

Signature: _____	Title: _____	Printed Name: _____	Date: _____
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PERSONAL GUARANTEE

(MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER / PLEASE SEE TERMS AND CONDITIONS ON PAGE 2)

Guarantor's Signature: _____	Date: _____
SS#: _____	
Guarantor's Home Address: _____	City, State & Zip: _____
Witness's signature: _____	Witness's Printed Name: _____



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CONDITONS AND AGREEMENT OF CREDIT SALES

New customers must submit a **complete** Axiom America, LLC Credit Application. Credit limits will be determined by the financial strength and payment history of the potential customer. Existing customers may be required at times to update credit information for the purpose of increasing or maintaining credit limits. **TERMS** are Net 30 from the date of invoice. Open orders may be held in the event the existing credit limit is exceeded or in the event a customer fails to pay the invoice within terms. **LATE CHARGES** at a rate of 1.5% per month will be assessed for late accounts. **PAYMENTS** will be applied to specific invoices as indicated on the customer's remittance. A \$35.00 charge will be assessed in the event a customer check is returned. **COLLECTION POLICY** All collection fees, court costs and interest charges will be petitioned for recovery from delinquent accounts. Init: _____

CREDIT AUTHORIZATION (MUST BE SIGNED)

I/We certify that the foregoing information is complete, accurate and voluntary for the purpose of obtaining credit in connection with our business. We authorize Axiom America, LLC and its agents to investigate our credit history in any manner and from any source deemed appropriate in our circumstances. If granted credit, we agree to make payments in accordance with the company's normal terms as stated above in the "Conditions and Agreement of Credit Sales". Should I exceed my credit limit or my account becomes past due, I understand that Axiom America, LLC has the right to refuse or cancel any orders until the account is satisfied in full. I also understand that Axiom America, LLC has the right, to take any necessary steps to collect my account. Init: _____

PERSONAL GUARANTEE

The obligation of the Guarantor is a primary and unconditional obligation. This obligation shall be enforceable before or after proceeding against the buyer or against any security held by Axiom America, LLC, shall be effective regardless of the solvency or insolvency of the buyer at any time, the extension or modification of the indebtedness of the Buyer by agreement with Axiom America, LLC or by Operation of law, or the subsequent incorporation, reorganization, merger or consolidation of the buyer or any other change in the composition, nature, personnel, or location of the Buyer. The Buyer authorizes Axiom America, LLC to procure an investigative credit report or execute credit searches, as it deems necessary as allowed by S604 or the Fair Credit Act (Public Law 91-508) Init: _____