

AMERICAN EASTERN TRADERS

Mailing: P.O. Box 4543

Metuchen, NJ 08840

Shipping: 140 Ethel Rd. West Unit H

Piscataway, NJ 08854

Tel: 732-248-5400 / 1888-72BIKER (2-4537)

Fax: 732-248-9600

Dealer Application & Credit Sheet

DATE:

In order to process this application,
ALL sections must be completed

Company Information	Credit References
Company Name:	Company:
Billing Information:	Address:
City: State: Zip:	City: State: Zip:
Shipping Address:	Phone: Fax:
City: State: Zip:	Contact Person: Account #
Phone: Fax:	Company:
Type of Business:	Address:
Established in Year: State of:	City: State: Zip:
Business is (check one)	Phone: Fax:
Corporation () Partnership () Sole Proprietorship ()	Contact Person: Account #
	Company:
Tax Resale Number (required):	Address:
<i>Please attach copy of certificate</i>	City: State: Zip:
	Phone: Fax:
	Contact Person: Account #
Names of Owners, Partners or Officers	My signature below constitutes authorization for release of any and all information regarding my account(s) for the purchase of credit extension. Should default occur in payment of this account, the entire account shall become due immediately at the American Eastern Traders' option. If it becomes necessary for American Eastern to obtain the services of an Attorney and I agree to pay the cost for such services.
Name: Title:	
Name: Title:	
Name: Title:	
Company Accounts Payable Contact	
Name: Telephone:	
Bank Information:	
Bank Name:	
Bank Address:	
City: State: Zip:	Authorized Signature
Phone: Fax:	Title
Checking Account#	
Savings Accounts #	Date
Bank Contact Person:	