

CUSTOMER INFORMATION AND CREDIT APPLICATION

Please Complete this Information Sheet and Fax it in advance to 847-783-6740 or include it with your first order only!

RETURN SHIPMENTS TO:

Company Name: _____
Street Address: _____
City, State, Zip: _____
Attention: _____
Phone: _____
Fax: _____

BILLING INFORMATION: (If not the same)

Company Name: _____
Street Address: _____
City, State, Zip: _____
Attention: _____
Phone: _____
Fax: _____

Preference of Account (Check One) **C.O.D.** **Net10** **Net15** **Net30** **Visa**
Credit Limit **\$ 500** **\$ 1,000** **\$ 2,000** _____ **MasterCard**

Name of Owner or Principals: _____
Number of years in business: _____ Number of Branches: _____
Person in charge of accounts payable: _____ Phone: _____ Fax: _____
Name of Parts Manager: _____ Phone or Extension: _____ Fax: _____
Name of Service Manager: _____ Phone or Extension: _____ Fax: _____

TRADE REFERENCES

1. Name: _____ Acct. #: _____
Phone: _____ Fax: _____
2. Name: _____ Acct. #: _____
Phone: _____ Fax: _____
3. Name: _____ Acct. #: _____
Phone: _____ Fax: _____

BANK REFERENCE

Bank Name: _____ Acct. #: _____
Address: _____ Phone: _____ Fax: _____

OPTIONAL INFORMATION

Products you service COPIERS FAX OTHER _____
 SAVIN RICOH MITA MINOLTA MONROE TOSHIBA
 GESTETNER PANASONIC SHARP ADLER-ROYAL CANON A.B. DICK
 KONICA PITNEY BOWES XEROX COPYSTAR HP _____

Where did you hear about ATS? Telephone Mail Locator Ad Internet Other _____
 Recommended by: _____

Authorized Signature: _____ Date: _____

My signature affirms that the above references have my permission to provide you with information for the purpose of obtaining credit.

Ambassador Tech Services
1090 Rock Road Lane, Unit 2
East Dundee, IL 60118
www.atsrepair.com