



P. O. Box 8622, Mandeville, La., 70470
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 www.AandMcontainer.com

**CREDIT APPLICATION
 (Sales)**

Name of Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone # _____ - _____ Fax # _____ - _____

Year Established _____ Legal Identity _____

Name of Principals: _____

Accounts Payable Contact: _____ E-Mail _____

Sales Tax Exemption Number: _____ Federal I.D. Number: _____

A sales tax certificate must be mailed or faxed to A & M Container to receive sales tax exempt status; otherwise tax will be charged.

Preferred Invoice Method (select one)

() Email: _____

() Fax: _____

() Snail Mail: (To above address)

Bank Reference:

Name of Bank: _____

Address: _____

City _____ State _____ Zip _____

Phone Number _____ - _____

Trade Credit References: (minimum of 4 references required)

Please include ALL of the following information for each reference.

	Name of Company	Contact Person	Phone No.	Fax No.
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

This information is submitted by the undersigned for the purpose of obtaining credit at A & M Container Sales & Rentals LLC. All statements contained in the application represent the financial condition of the applicant and are warranted to be true and correct.

Name: _____ **Signature:** _____

Date: _____