



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

**CREDIT CARD 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)

Delivery / Ship To Address _____

City _____ State _____ Zip _____

On Site Contact

Name _____

On Site Contact Phone # _____ - _____

On Site Contact Email

Address _____

Name: _____ **Signature:** _____

Date: _____