

Credit Application

801 Enterprise Drive
 Lexington, KY 40510
 (859) 255-6605
 Fax (859) 255-8480
 accounting@a1portables.com



Name/Address

Legal Name:			Tax ID#:
Physical Address: (required)			Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No*
City:	State:	ZIP:	Phone:
Mailing Address:			
City:	State:	ZIP:	Phone:
Email Address:			Fax:

Company Information

Type of Business:	In Business Since:
Legal Form: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Sole Proprietorship	
Responsible Party Name:	Title:
Address:	
City:	State: ZIP: Phone:

Bank/Vendor References

Bank Name:	Contact:
Address:	Account:
City: State: ZIP:	Phone:
(1) Company Name:	Contact:
Address:	Account:
City: State: ZIP:	Phone:
(2) Company Name:	Contact:
Address:	Account:
City: State: ZIP:	Phone:

Credit Card Information (Automatic Payment)

Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Account#: Exp. Date: CVC#:
Name on Card:
Billing Address:
City: State: ZIP:
I authorize A1 Portables to charge my credit card for automatic payment of my account. I understand that I may discontinue my enrollment in this payment plan by providing notice to A1 in writing. I will also notify A1 if there are any changes to this account.
Cardholder Signature

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the institutions listed in this application to release necessary information to A1 Portables in order to verify the information contained herein.

Signature

Printed Name

Date