



**AMEP**  
AMERICAN  
EDUCATIONAL  
PRODUCTS LLC

*Application for a Business Account*

Name of Company: \_\_\_\_\_

Company Web Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipper's Name: (otherwise shipping will be billed) \_\_\_\_\_ Account Number: \_\_\_\_\_

Shipping Tracking Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Invoices to This Email Address: \_\_\_\_\_

Buyer Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Did You Hear About Us: NY Toy Fair \_\_\_\_\_ ECRM \_\_\_\_\_ NAMTA \_\_\_\_\_ Web Search \_\_\_\_\_

Referral \_\_\_\_\_ Advertisement \_\_\_\_\_ Nuremberg Toy Fair \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Only for Applicants within the United States:**

*A copy of your state tax exempt or resale certificate is required to set up a wholesale account. If it is not provided sales tax may be assessed to your orders.*

DUNS #: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_  
(IF ANY)

**THIS APPLICATION IS INVALID WITHOUT SIGNATURE BELOW**

**Primary Sales Channel:** Web Store \_\_\_\_\_ Retail Store \_\_\_\_\_ Catalog \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Primary Target Market and/or Customer:** \_\_\_\_\_

**Select Which Catalogs, if any, You Would Like to Receive:** Retail \_\_\_\_\_ Math/Science \_\_\_\_\_ Art \_\_\_\_\_ Early Learning \_\_\_\_\_

*AMEP emails customers regarding sales, new products, discontinuations, pricing, etc.  
Would you like to Opt In \_\_\_\_\_ or Opt Out \_\_\_\_\_ of receiving these emails?*

By Executing this application, applicant(s) hereby authorize(s) seller to investigate application(s) credit record/history and financial responsibility and further authorizes seller to furnish information regarding applicant(s) performance of this agreement to a proper credit reporting agency and such others who are entitled to receive said information in compliance with the Fair Credit Reporting Act, 16 USC Sec 1681, et. seq.

Applicant will be billed for each purchase made on the account. Any amounts billed and not paid within the terms stated on the invoice will be considered past due. Past due amounts will be subject to a FINANCE CHARGE of 1.5% per month (ANNUAL PERCENTAGE RATE OF 18%). All returned checks are subject to a \$20.00 service charge. Collection of finance charges and service charges in no way alters the seller's rights to seek other remedies allowed by or in equity.

In the event that the applicant fails to pay the entire balance on the account when due, seller may declare the account to be in default and without further notice, exercise all rights and remedies available by law for the collection of the balance due on the account. In the event of default, applicant will be liable for all expenses of collection, with or without suit, including but not limited to all court costs and attorney fees, to the extent allowed under applicable law.

The undersigned further certifies that he has read and understands all the term's conditions set forth herein and agrees to be bound by the same in the event that any credits is extended pursuant this agreement.

The undersigned further certifies that the above information is accurate and complete and that a true and correct copy of the foregoing application containing the disclosures, terms and conditions applicable to this transaction has been furnished.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please email your application to Danelle Maestas at [Dmaestas@amep.com](mailto:Dmaestas@amep.com) or fax it to 970-484-1198.**

**\*\*\* NOT REQUIRED FOR PREPAID ACCOUNTS \*\*\***

Please complete if you would like trade credit and terms.

How Many Years Have You Been in Business: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

**Three Company or Trade References:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank Reference:**

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct. #: \_\_\_\_\_