



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 Barb Gipple at bgipple@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. #: _____