

AIM Chassis Credit Application



Please note the application will not be considered if information entered is incomplete. AIM will only accept physical addresses; PO Boxes will not be accepted. Credit references should be vendors only.

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>		
Tax ID Number:	US DOT Number:	SCAC:		
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Have you done business with AIM as a different company? If so, as what company?			N/A <input type="checkbox"/>	

Bank References

Name of Account Holder:	Account Number:
Bank Name:	Phone Number:
Address:	Bank Officer:
	Phone:

Credit References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Relationship:	Relationship:	Relationship:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:

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 financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Personal Guarantee

In consideration for, _____, extending credit to the business identified below for any materials and/or services after this date at the request of the applicants or its' agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to American Intermodal Management, LLC by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between, _____, and the business. American Intermodal Management, LLC shall not be obligated to notify the undersigned of the dates or the amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by American Intermodal Management, LLC.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested by, _____. Said notice shall specify the date on which this guarantee is to be terminated. Said date is not to be less than ten days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Guarantee Information

Last:	First:	Middle Initial:	Date:
SSN:			
Home Address:			
City:	State:	ZIP:	Home Phone:
Signature of person guaranteeing payment		Name of business whose account is guaranteed	

Please remit to kjelenick@aimchassis.com or mail to:

American Intermodal Management, LLC
Attn: Karen Jelenick
13951 N Scottsdale Rd
Ste 220
Scottsdale, AZ 85254