



D I S T R I B U T O R S

JOB ACCOUNT FORM

Fax applications to: 305-456-2620, lwu@am-distributors.net

Mail form to: 2555 NW 75 Avenue, Miami FL 33122

Job Information	CUSTOMER NAME			APPLICATION DATE	
	JOB NAME				
	ADDRESS		CITY		STATE ZIP
	TELEPHONE NUMBER		FAX NUMBER		CONTACT NAME
	CREDIT LIMIT REQUIRED / SPECIAL BILLING DIRECTIONS			CONTRACT AMOUNT	
Job Type	<input type="checkbox"/> PRIVATE SECTOR <input type="checkbox"/> PUBLIC SECTOR <input type="checkbox"/> FEDERAL / STATE		<i>Please indicate the job type and complete the section below for all bonded jobs</i>		
	BONDING FIRM NAME				
Bonding Company	ADDRESS		CITY		STATE ZIP
	CONTACT NAME		TELEPHONE NUMBER		FAX NUMBER
	GENERAL CONTRACTOR'S NAME				
General Contractor	ADDRESS		CITY		STATE ZIP
	CONTACT NAME		TELEPHONE NUMBER		FAX NUMBER
	OWNER'S NAME				
Owner's Information	ADDRESS		CITY		STATE ZIP
	CONTACT NAME		TELEPHONE NUMBER		FAX NUMBER
Sales Tax	SALES TAX TO BE CHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO*				

*** IF NO PLEASE COMPLETE AND SIGN A SALES TAX EXEMPTION CERTIFICATE AND RETURN WITH THIS APPLICATION.
 AMI DISTRIBUTORS, INC d.b.a AM DISTRIBUTORS REQUIRED BY LAW TO CHARGE TAX UNLESS A SIGNED EXEMPTION CERTIFICATE IS ON FILE.**

INTERNAL USE ONLY				PD
ACCOUNT OPENED		CREDIT LIMIT		APPROVED
SALESPERSON	MATRIX/CONTRACTS		TERMS	APPROVED