

# AMLONG, INC (CRYSTALCOMPANY) APPLICATION FOR A BUSINESS ACCOUNT

## BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

## BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

## AGREEMENT

1. All invoices are to be paid by prepaid check, major credit card, or COD cashier check.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize AMLONG, INC. to make inquiries into the banking and business/trade references that you have supplied.
4. Please send this form via email to [info@crystalcompany.com](mailto:info@crystalcompany.com) or fax to (626)964-7680

## SIGNATURES

Title:  
Date:

Title:  
Date: