

2024 New Account Application

Aeromax, Inc. 28W079 Industrial Ave, Lake Barrington, IL 60010 Phone: 847-756-4085
Return completed form to: Orders@AeromaxToys.com



Please attach copy of your Resale Certificate

Account Type (Check all that apply):

NEW ACCOUNT **TERMS (Please Supply Credit References)** **CREDIT CARD**

Company Information

Company Name:	Year Established:	Company Contact Name:
Company Website:		Phone:
Sales Rep/ Group:		Email:

Billing

Shipping (If Different from Billing)

Credit Card Payment

Address:		Address:		Card Number:	
City:	State/ZIP:	City:	State/Zip:	Exp: (MM/YY)	CVV:
Phone:		Phone:		Credit Card Billing Address:	
Email:		Fax:		Name on Card:	

Company Type (Check all that apply):

TOY GIFT CATALOG HOBBY EDUCATION MUSEUM OTHER: LIST _____

Company Location (Check all that apply):

PHYSICAL STORE(S) How Many? _____ ONLINE STORE(S)

Online Stores: Do you have an e-commerce website? YES NO

If you answered "Yes" to the previous question, please list all online channels, including your own online store:

Please Note: Authorization to sell anywhere online must be approved in writing. Listing Aeromax items without approval is a violation of our policy.

Do you sell on Amazon? YES NO

If you answered "Yes" to the above question, please select all that apply: FBA FBM

If you answered "Yes" to the above question, list all names you sell under FBA/ FBM:

Credit Information - Net 30 Terms - If requesting terms after initial order, please supply credit references.

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

Print Name

Date