



American Executive Center

APPLICATION

Company Information

Type of Entity: Corporation _____ Partnership _____ Proprietorship _____
 If Corporation: State _____ Year Incorporated _____
 If Non-Corporation: Year Established _____
 Federal I.D. No: _____
 Name of Firm _____
 Subsidiary of _____ Division of _____
 Phone # _____ Fax # _____
 Street Address _____
 Street/(No P.O. Box) _____ City _____ State _____ Zip _____
 Mailing Address _____
 Street/P.O. Box _____ City _____ State _____ Zip _____

Credit Information of Authorized Owner(s)/Officer(s)

Name _____ **Title** _____ **Home Phone** () - _____
Home Address _____
 Street _____ City _____ State _____ Zip _____
Social Sec. No. _____ **DOB** _____
Drivers Lic. # _____ **State** _____
Credit Card Account No.'s:
Name on Card _____
 M/C / Visa / Disc / Amex _____ Exp: Mo ____ Yr ____

Name _____ **Title** _____ **Home Phone** () - _____
Home Address _____
 Street _____ City _____ State _____ Zip _____
Social Sec. No. _____ **DOB** _____
Drivers Lic. # _____ **State** _____
Credit Card Account Number (please circle card type below):
Name on Card _____
 M/C / Visa / Disc / Amex _____ Exp: Mo ____ Yr ____

Bank References

1) Bank _____ **Phone** () - _____
Address _____
 Street _____ City _____ State _____ Zip _____
Type of Acct. _____ **Acct. #** _____ **Contact** _____
2) Bank _____ **Phone** () - _____
Address _____
 Street _____ City _____ State _____ Zip _____
Type of Acct. _____ **Acct. #** _____ **Contact** _____

(Over Please)

CUPERTINO • 408-973-7800
19925 Stevens Creek Boulevard
Cupertino, CA 95014-2358

SAN JOSE • 408-437-7700
50 Airport Parkway
San Jose, CA 95110-1011

SUNNYVALE • 408-501-8800
1250 Oakmead Pkwy., Suite 210
Sunnyvale, CA 94085-4037

Trade References

1) Company Name _____ Phone () - _____
Address _____
Street _____ City _____ State _____ Zip _____
Acct. # _____ Contact _____
Purpose of Credit _____

2) Company Name _____ Phone () - _____
Address _____
Street _____ City _____ State _____ Zip _____
Acct. # _____ Contact _____
Purpose of Credit _____

Landlord References

1) Previous Address _____
Street _____ City _____ State _____ Zip _____
Landlord Name _____ Phone () - _____
Contact _____ Yrs. at Addr. _____

2) Previous Address _____
Street _____ City _____ State _____ Zip _____
Landlord Name _____ Phone () - _____
Contact _____ Yrs. at Addr. _____

Person(s) Who Will Occupy Office(s) (If different than above)

Name _____ Title _____ Home Phone () - _____
Name _____ Title _____ Home Phone () - _____
Name _____ Title _____ Home Phone () - _____

The above statements are true and correct, and I grant permission for American Executive Center (AEC) to verify this information with these references and to check company and personal credit history with any credit reporting agency. I also grant/authorize AEC the right to charge any amounts due AEC and not received by AEC by the twentieth (20th) day of each calendar month to the credit card(s) listed by Applicant on the Application or known to AEC at the time of such payment delinquency. AEC reserves the express right, in its sole discretion, to reject any applicant without cause. This Application shall be reviewed by AEC, and applicant shall be notified of acceptance or non-acceptance in writing by AEC.

Signature of Authorized
Owner or Officer

Date

Title