



APPLICATION FOR CREDIT

Name of Business \_\_\_\_\_

Trade Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Website: www. \_\_\_\_\_

Names of Principals - % Ownership – Address – Home Telephone

\_\_\_\_\_  
\_\_\_\_\_

D & B Number \_\_\_\_\_ Business Telephone(s) \_\_\_\_\_

A/P Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Ship To Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax# \_\_\_\_\_ Contact \_\_\_\_\_

Trade References (List Name, Complete Address, Telephone Number)

Supplier \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Supplier \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Supplier \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Attach copy of most recent Financial Statement

List products you will be purchasing from Atlantic Corporation \_\_\_\_\_

\_\_\_\_\_

Monthly Credit Line Requested: \$ \_\_\_\_\_

Organization (Please check one)	
Proprietorship	_____
Partnership	_____
LLC	_____
Corporation	_____
(If Corporation: Public _____ Private _____ )	

State of Incorporation \_\_\_\_\_

Sales Tax Exemption Certificate Attached? \_\_\_\_\_

All information on this credit application is furnished on a confidential basis in support of this request to make commercial purchases on credit terms. The undersigned certifies this information to be true and understands that incomplete or unsigned applications will not be processed.

By signature of this document, permission is granted for release of credit information to Atlantic Corporation by suppliers and banks listed above.

**PLEASE READ CAREFULLY**

The person, corporation, or firm whose name appears below (Customer) acknowledges that it is able and willing to meet all commitments in regards to purchases made from Atlantic Corporation within the terms as set forth on invoices issued by Atlantic. It is understood that this application is subject to approval by the Credit Department of Atlantic, and that extension of credit, and/or limits thereof, shall be determined solely by Atlantic for the sole benefit of Atlantic. Atlantic reserves the right at its discretion to increase the customer's credit limit upon request by customer, but such increase shall not affect other provisions of the agreement. All applications approved for credit are governed by the following.

1. An account which reflects a past due balance or will exceed an established credit limit may be subject to future shipments on a C.B.D. or C.O.D. basis. Atlantic also reserves the right to withhold shipments to customers whose credit accounts are past due.
2. The foregoing statement and accompanying financial statement are correct and were provided to induce Atlantic to extend credit to customer.
3. In the event of non-payment and the institution of legal proceedings, Customer agrees to bear the expenses of collection, including reasonable attorney's fees, to the extent allowable by law.
4. Advance notice will be given to Atlantic of any change in the business structure relating to incorporation or change in ownership, etc. Without such notice, the original principals to whom credit was extended shall remain liable. Notice hereunder shall be given by certified or registered letter and acknowledged by return receipt.
5. Credit policies are subject to change at the discretion of the Credit Department of Atlantic. Upon the acceptance of the application, and the issuance of an open line of credit, Customer agrees to abide by the credit policies of Atlantic and further agrees to abide by all terms and conditions of this Credit Application.
6. We require a valid customer purchase order for each order.
7. **OUR PAYMENT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Atlantic Sales Representative / Number*

\_\_\_\_\_  
*Atlantic Branch*

**APPROVED FOR CREDIT**

Date \_\_\_\_\_ Amount \_\_\_\_\_

Account # \_\_\_\_\_