

ATLANTIC SCREEN & MANUFACTURING, INC.

APPLICATION FOR CREDIT

Company: _____ Years in Business: _____

Billing Address: _____

Shipping Address: _____

Business Phone: _____ Fax: _____ Email: _____

Check One: Corporation Partnership Sole Proprietorship

President _____ Vice President _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Office Contact: _____ Authorized Buyer: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Authorized Buyer: _____ Authorized Buyer: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Bank Reference

Bank Name: _____ Account Number: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Trade References

Company: _____ Account Number: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Company: _____ Account Number: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Company: _____ Account Number: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

GENERAL PROVISIONS & AUTHORIZATION

Applicant agrees that in addition to paying the full purchase price of all merchandise ordered from creditor, applicant will pay a service charge of 18 percent per annum on any unpaid balance existing 30 days after the date of invoice from creditor. In the event that any legal action is instituted to collect any unpaid balance owing from applicant, the prevailing party in such action shall be entitled to recover its reasonable attorney fees and costs in addition to any other recovery by such party. Applicant will notify us in writing if their business changes status in any way, (i.e. new owner, change in banks, credit references and/or trade references listed herein and further allowances listed herein and further authorizes said banks, credit references and/or trade references to provide information requested by creditor in order to evaluate this application.

CORPORATION

Date

Print Name of Corporation

Signature of Officer

PARTNERSHIP/ PROPRIETORSHIP

Date

Print Name of Firm

Signature of Partner/Owner

Attach **FORM W-9** Request for Taxpayer Identification Number