

# 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



Atlantic Screen & Mfg. Inc.  
142 Broadkill Road  
Milton, DE 19968

PHONE: 302-684-3197  
FAX: 302.684.0643  
[atlantic@ce.net](mailto:atlantic@ce.net)  
[www.atlantic-screen.com](http://www.atlantic-screen.com)