

# ATLANTIC SCREEN & MANUFACTURING, INC.

Order Date: \_\_\_\_\_  
 Customer #: \_\_\_\_\_

**Bill To:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ship To:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PO#: \_\_\_\_\_ Job#: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**SHIPPING PREFERENCE:**

UPS:  NEXT DAY  2ND DAY  3 DAY **FEDEX:**  PRIORITY  STANDARD  ECONOMY  TRUCK  
 GROUND: \_\_\_\_\_ **FEDEX #, If Applicable:** \_\_\_\_\_

Quantity	Cat. No.	Item Description	Unit Price	Total Price
<b>TOTAL*</b>				

**METHOD OF PAYMENT:**

Bill our account (net 30 days)     C.O.D.

Visa/Mastercard \_\_\_\_\_  
 Cardholder \_\_\_\_\_

Exp Date \_\_\_\_\_    Signature \_\_\_\_\_

Wire Transfer \_\_\_\_\_

\* Total Does Not include shipping and applicable sales tax.



ATLANTIC SCREEN, INC.  
 142 BROADKILL ROAD  
 MILTON, DE 19968  
 2008

PHONE: 302-684-3197  
 FAX: 302-684-0643  
 www.atlantic-screen.com

# ATLANTIC SCREEN & MANUFACTURING, INC.

## APPLICATION FOR CREDIT

Company: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Check One:  Corporation  Partnership  Sole Proprietorship

President: \_\_\_\_\_ Phone: \_\_\_\_\_

Vice President: \_\_\_\_\_ Phone: \_\_\_\_\_

Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Authorized Buyers**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Bank Reference**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Trade References**

Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ 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's 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



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