



APPLICATION FOR CREDIT

Name of Business: _____

Is your business a: proprietorship partnership or corporation or LLC ?

Duns Number: _____

Name(s) of owner(s): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

County (if in the State of GA): _____

Telephone #: _____ Fax #: _____

Shipping Address: _____

(Please attach a list of branches if you operate out of more than one location.)

Starting Date of Business: _____ **1 year minimum required to open account**

Are you a: Retailer Wholesaler
 Manufacturer or Service Business

Estimated amount of goods to be purchased per month:

\$100 \$200 \$500 \$1,000

Real estate owned: _____ Value: _____ Mortgage: _____

Insurance carried (specify) _____

Does your business use a Georgia sales tax exempt number? Yes ___ No ___
(If yes, please enclose a GA tax exempt certificate)

Bank Information

Name of Bank	Account #	Street Address	City	State, Zip	Telephone

Principal Trade Suppliers

Name	Account #	Telephone	Fax

Sales by Atlanta Supply Co., Inc. are subject to the following terms:

Terms of Payment:

Open account payment terms are 2% 10th net 15th. Closing date is the last day of each month. Shipment of orders on past due accounts will be held until payment is received.

Return of Material:

Material can only be returned within 10 days of order. Restocking charges of 15% for residential and 25% for commercial goods will apply on all returns. Goods will not be accepted with prior permission from us. An authorization number must be marked on all returned cartons.

ANY ITEMS THAT ARE CUSTOM MADE ARE NOT SUBJECT TO CANCELLATION OR RETURN.

In the event of suit to collect any amount due hereunder, all costs of collection including without limitation, court costs and reasonable attorney's fees will be charged.

I certify that to the best of my knowledge and belief, the responses herein are accurate and that I have read and will abide by the terms of sale for the Atlanta Supply Co., Inc.

By: _____ (Signature)
(Must be owner or officer within company)

By: _____ (Printed Name)

Title: _____ Date: _____

Please list the name of the office holder for each position below. If you are an LLC please list members.

President:	Purchasing Manager:
Vice President:	Accounts Payable/Controller:
CFO/Treasurer:	Other Officer(s):
Member (LLC)	Member (LLC)
Member (LLC)	Member (LLC)
Member (LLC)	Member (LLC)

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When completed please fax to: 1-404-876-7582

Credit app. will not be processed without authorized signature & contact list completed.