



# 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% 10<sup>th</sup> net 15<sup>th</sup>. 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)

**WS**

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

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