

## **CREDIT APPLICATION**

94 Marine Street - Farmingdale, NY 11735 / Ph 631-694-4310 / Fax 631-694-6387 97 Georgia Avenue - Brooklyn, NY 11207 / Ph 718-385-3517 / Fax 718-385-6591 218 39<sup>th</sup> Street - Brooklyn, NY 11232 / Ph 718-768-0275 / Fax 718-768-2944

BUSINESS CONTACT INFORMATION							
Company Name:							
Address:							
City:			State:		Zi	p:	
Phone 1:							
Phone 2:		Fax:			E-	-Mail:	
Date business commenced	:			Contact Na	me:		
Sole proprietorship:	Partnership:	Cor	poration	ı: <u> </u>	01	ther:□	
	ВІ	USINESS AND	CREDIT	INFORMATIO	N		_
Owner(s) / Officer(s) Name	e(s):						
Title:		SS #:	-	-	Driv	ver Lic. #:	
Home Address:							
City: Sta		State:	State:		Zip Code:		
Bank Name:							
		Pho	Phone:				
City:			Stat	State:		Fax:	
Type of account	of account Account number						
Savings							
Checking 🗌							
Other 🗌							
		BUSINESS/	TRADE R	EFERENCES			
Company name:							
Address:							
City:			State:		ZIP Code:		
Phone: Fax:			Account #:				
Company name:							
Address:							
City:				State:		ZIP Code:	
Phone:	hone: Fax:			Account #:			
Company name:							
Address:							
City:				State:		ZIP Code:	
Phone:	Fax:			Account #:			

## **AGREEMENT**

Credit terms are net 30 days from the purchase date. A Finance charge of 1.5% per month will be assessed against any balance outstanding over 30 days. The undersigned further agrees to pay reasonable collection expenses should your account be placed with a collection agency and/or attorney. You agree to pay a collection fee of no more than 30% of the amount owed and you further agree to be responsible for all court costs and/or legal fees should we be required to file a lawsuit in compliance with our terms and conditions.

SIGNATURE			OFFICE USE ONLY
SIGNATURE OF APPLICANT, TITLE	PRINT NAME	DATE	

In consideration of one dollar and other good and valuable considerations, the receipt of which is hereby acknowledged, I, we hereby guarantee jointly, individually and personally unto Atlantic Welding Supply, Co. now existing or which is incurred hereafter and in whatever form it may be evidenced. This is to be a continuing guarantee until all payment of all indebtedness has been made. It is not limited in any manner when and if this account is placed in the hands of the attorney for collection of any amounts unpaid and owing. I (we) guarantee and agree to pay attorney's fees of 30% of the amount due, which is agreed to be reasonable for collections, in addition to the account of the unpaid balance due.

The undersigned may at any time terminate this guarantee by giving 10 days notice in writing to the Seller by Registered Mail sent to the Seller's office whereupon liability of the undersigned shall terminate as to the deliveries made subsequent to the expiration of said 10 days' period. It shall nevertheless continue in full force as to all deliveries made at any time prior to the expiration of said 10 day period.

It is further agreed that this guarantee shall continue notwithstanding any change in organization, corporate setup or partnership change unless the Seller receives notice of such change at least five (5) days prior to the delivery of any merchandise and that this guarantee shall be binding upon the heirs, personal representatives, estates, successors and assigns of each of the undersigned.

	SIGNATURE		OFFICE USE ONLY
SIGNATURE OF APPLICANT, TITLE	PRINT NAME	DATE	_

## RELEASE OF INFORMATION

In conjunction with my request for an open account with Atlantic Welding Supply, Co., I do hereby authorize the release to Atlantic Welding Supply, Co. any and all information requested by them in their efforts in approving a Line of Credit for myself and/or Company.

	OFFICE USE ONLY		
SIGNATURE OF APPLICANT, TITLE	PRINT NAME	DATE	

FAX COMPLETED CREDIT APPLICATION TO: 631-694-6387

