

ATLAS FLASHER & SUPPLY CO., INC.
APPLICATION FOR CREDIT
PH # 856-423-3333 FAX # 856-423-3313

Name of Firm or Individual

Date

Address

Years at this Address

City State Zip Code Phone Number w/area code

Who is your current Safety/Sign Supplier? _____

Who referred you to Atlas Flasher? _____

The following information must be provided. It will be held in the strictest confidence.

____ Corporation ____ Check if Incorporated within 12 months ____ Partnership ____ Individual

Name(s) of Principal(s) Complete Address Zip Phone Number

BANKING INFORMATION

Bank Address Phone Number

Contact Account Number

CREDIT REFERENCES

1. _____
Business Name Complete Address Contact Person Phone Number Fax Number

2. _____

3. _____

Desired amount of Credit: _____ **Federal ID #:** _____

OUR TERMS: We invoice on the day the transactions take place. Rentals are invoiced monthly or upon return. We expect payment 30 days from the date of your invoice. Finance charges are applied to all past due balances at the annual rate of 18%. You are responsible for charges incurred by your drivers and/or deliveries or services requested by your office. If this account is placed with an attorney for collection, you are liable for all attorney's fees and collection costs. Returned checks subject your account to a \$25.00 return check charge. By signing this application, you are certifying the information contained herein is correct. You understand our credit terms and agree to pay within these terms. You are personally, jointly and corporately liable for any and all charges made by this company

Signature