



Atlantic sales person: _____

Credit Application

Company Name _____

Mailing address _____

City _____ State _____ Zip _____ Phone _____

Shipping address _____

City _____ State _____ Zip _____ Phone _____

Phone: Acct Dept: _____ Purch. Dept. _____

E-mail: Acct Dept: _____ Purch. Dept. _____

Fax: Acct Dept: _____ Purch. Dept. _____

Type of Business _____ Annual volume _____

Social Security or Federal ID # _____

Years in business _____ Personal _____ Partnership _____ Corp _____

Bank affiliation _____ Phone _____

Address _____ Contact _____

Credit limit requested: \$ _____

Credit References: List two of your primary suppliers. Please supply complete addresses. Type or print in spaces provided below.

1. Company Name _____

Street _____

City, State, Zip _____

Area Code/Phone _____ Fax _____

E-mail _____

2. Company Name _____

Street _____

City, State, Zip _____

Area Code/Phone _____ Fax _____

E-mail _____

By signing below, applicant agrees that:

1. Terms of Sale: 1%-10, Net 30 days from date of invoice.
2. Balances unpaid beyond 30 days from invoice date are subject to a delinquency charge of

1.5% per month (18% annual percentage rate).
3. The undersigned is responsible for reasonable attorney's fees and court costs incurred by Atlantic Fasteners Co., Inc. in collecting any amounts due it or in enforcing its rights.
4. Written notice of any defective merchandise must be received within thirty (30) days of your receipt of such merchandise. Atlantic shall not be responsible for any consequential or other damages. There are no express or implied warranties including any warranty of merchantability, which extend beyond the description in any invoice or sale receipt tendered at time of purchase.

5. Sales tax is to be handled as follows (check one and provide certificate, if required):

Purchases from Atlantic Fasteners are subject to sales tax

Purchases from Atlantic Fasteners are not subject to sales tax. Please submit your sales tax exemption certificate with your credit application

Purchases from Atlantic Fasteners are subject to sales tax. We will pay the tax

6. We can email, fax or mail invoices. If you prefer email or fax, please provide address or number: _____

Date _____ Company _____

A/P Contact (Please Print Name) _____

By _____

(Please Print Name) _____

Title _____

Mail to: 92 H.P. Almgren Dr., PO Box 1068, Agawam, MA 01001

Fax to: 1-413-785-5770