

ATLANTIC HARDWARE SUPPLY CREDIT APPLICATION



Date _____

Company _____

Billing Address

Organizational Information

President/Owner _____ Tax Exempt YES _____ OR NO _____

Accounts Payable Contact

Phone _____ email _____

Preferred Delivery of Invoices

___ USPS ___ EMAIL ___ FAX

Authorized Purchasers

Trade References Please List Three

1. _____

2. _____

3. _____

Bank Information

TERMS: NET 30

I hereby give authorization to the above companies to reveal requested information to

Atlantic Hardware Supply _____ Date _____