



2450 West Ridge Road, Suite 300, Rochester, NY 14626

Phone (585) 227-1110 / Fax (585) 227-1124

## APPLICATION FOR CREDIT

PLEASE PRINT OR TYPE

Name of Business \_\_\_\_\_ Date \_\_\_\_\_

D/B/A \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Federal ID # \_\_\_\_\_

Business Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

We are (check one) Individual ( ) Partnership ( ) Corporation ( ) LLP ( ) LLC ( )

Type of Business \_\_\_\_\_

How many years in business? \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

### Officers/Senior Management

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

A/P Person \_\_\_\_\_ Phone # \_\_\_\_\_

### Credit References

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Contact \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Contact \_\_\_\_\_

3) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Contact \_\_\_\_\_



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### Bank References

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Bank Official \_\_\_\_\_ Account # \_\_\_\_\_

### TERMS AND CONDITIONS

Failure to provide any of the information requested in this credit application may limit the amount of credit extended. Any balance not paid due shall incur a late payment charge of 1.5% per month ( 18% APR ) on the average daily balance until paid. All account receivable and credit functions are processed through Atlas Technologies Group. Consequently, the applicant (s) agrees that in the event of suit or action, Venue and Jurisdiction will take place in Rochester, Monroe County, New York and that this will be the option of Atlas Technologies Group. Purchaser shall pay all attorney's fees and collection costs incurred by Seller in collecting any unpaid balance. **Release of Credit Information:** Applicant authorizes Atlas Technologies Group to inquire into obtaining from any bank, lending institution, or credit reference, whether listed on the Credit Application or not, any and all information relating to applicant's credit worthiness or financial condition.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_