



**CREDIT APPLICATION**

**Sales Rep. ID** \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FEDERAL ID# \_\_\_\_\_ DUN & BRADSTREET NUMBER \_\_\_\_\_  
 CORPORATION  PARTNERSHIP  PROPRIETORSHIP  LLC YRS IN BUSINESS \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_  
PROPERTY INFO: \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_ LANDLORD OR MTG CO. \_\_\_\_\_

**OWNERS, PRINCIPALS & OFFICERS:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SS# \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SS# \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

**SUPPLIERS:**

1. COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_
2. COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_
3. COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

**BANK REFERENCE: NAME & ADDRESS** \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ TYPE:  CHECKING  SAVINGS  LOAN

The information and statements in this application are true and complete, and are made for the purpose of inducing you to establish an open account. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements on this application.

In consideration of establishing an open account, the undersigned promises to pay for all purchases in accordance with your terms of sale. If at any time, for any reason, the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account interest computed, at the legal rate of 2% per month on any past due amounts owing on my/our account. In the event it becomes necessary for your company to incur collection cost, or institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collection costs, charges, and expenses including reasonable attorneys fees if the account is placed in the hands of an attorney.

The laws of the Commonwealth of Virginia shall govern any dispute or legal action under this Agreement. Any suit brought under this Agreement, by any party, may be in the jurisdiction of the appropriate state or Federal Court in the County of Rockingham, VA.

**MUST RETURN SALES TAX CERTIFICATE WITH APPLICATION**

OWNER (S) SIGNATURE (S)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL TERMS, GUARANTIES AND OTHER CONDITIONS WHICH ARE A PART OF THIS AGREEMENT:

1. The terms and conditions contained herein are continuing in nature and shall remain in effect for as long as Applicant is indebted to or seeks credit from Atlantic Rolloffs.
2. If Applicant is not a corporation and subsequent to making this Application incorporates his business, with or without knowledge of Atlantic Rolloffs, Applicant agrees to be jointly and individually liable to Atlantic Rolloffs for any indebtedness incurred by or transferred to such corporation.
3. If Applicant is a corporation, the person signing this Application on behalf of Applicant warrants that he is duly authorized to do so and agrees to be personally jointly and individually liable with the corporate Applicant for any indebtedness owing by the Applicant to Atlantic Rolloffs.

This agreement shall be construed as an absolute and unconditional guarantee of payment and every obligation or liability of the Applicant by you, herein described, shall conclusively be presumed to have been created, contracted or incurred in reliance upon this guaranty. All parties signing this agreement, in any capacity, are jointly and individually liable with all other parties of this agreement.

BY SIGNING BELOW APPLICANT PERSONALLY GUARANTEES PAYMENT OF ALL INVOICES BILLED TO AFOREMENTIONED COMPANY.

\_\_\_\_\_  
(Name of Company)

By \_\_\_\_\_  
President/Partner/Individual

\_\_\_\_\_  
Personal Guarantor & Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Personal Guarantor & Social Security Number

\_\_\_\_\_  
Home Address