



**CREDIT APPLICATION AND PERSONAL GUARANTEE**

You can submit your application by bringing it to your local branch, faxing it to 732-229-7948 or emailing it to [credit@GoAtlantic.com](mailto:credit@GoAtlantic.com). If you have any questions regarding your application please call our corporate headquarters in Long Branch at 732-229-0334.

Circle your home location:      **Kenilworth**      **Long Branch**      **Newark**      **Toms River**      **Wall**      **Wrightstown**

Requested Sales Person \_\_\_\_\_ Referred By \_\_\_\_\_

**COMPANY INFORMATION:**

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_ CELL (    ) \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ TYPE OF BUSINESS:     CORPORATION                     PARTNERSHIP  
 PROPRIETORSHIP                     OTHER

SALES TAX EXEMPTION # \_\_\_\_\_ STATE \_\_\_\_\_  
COPY OF SALES CERTIFICATE REQUIRED

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

**PRINCIPALS AND/OR OFFICERS:**

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_ SS NO. \_\_\_\_\_  OWN  RENT

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_ SS NO. \_\_\_\_\_  OWN  RENT

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_ SS NO. \_\_\_\_\_  OWN  RENT

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SECURITY CODE (CID) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_  
COPY OF DRIVER'S LICENSE IS REQUIRED

**BANK REFERENCE:**

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_



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**TRADE REFERENCES:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX ( ) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX ( ) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX ( ) \_\_\_\_\_

I/We certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms. I/we authorize you to verify this information and or obtain additional information by securing data from a credit reporting agency. I/we understand that all past due balances will be subject to a 1% service charge and a 1% interest charge per month. I/we further agree to pay 30% collection charge in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**PERSONAL GUARANTEE**

For good valuable consideration, the undersigned (jointly & individually) agrees to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agrees to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agrees to pay an additional 30% collection charge on the entire unpaid balance.

**MUST BE SIGNED BY OWNER OR PRINCIPAL – NO TITLE AFTER SIGNATURE**

SIGNED \_\_\_\_\_ WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_

SIGNED \_\_\_\_\_ WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**THE USE OF MY CORPORATION TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.**

**Circle preferred delivery of invoice:**                      EMAIL                      FAX                      MAIL

Please list or attach any special billing and/or shipping instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_