



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. If you have any questions regarding your application please call our corporate headquarters in Long Branch at 732-229-0334.

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

Requested Sales Person Referred By

COMPANY INFORMATION:

BUSINESS NAME DATE ADDRESS CITY STATE ZIP PHONE FAX CELL YEAR ESTABLISHED TYPE OF BUSINESS SALES TAX EXEMPTION # STATE 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 #

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:

