



HEADQUARTERS: The Atlantic American Building

121 Titus Avenue • Warrington, PA 18976

Toll Free: 1-800-247-1128

Tel: 1-215-491-9800 • Fax: 1-215-491-7395

BRANCH WAREHOUSES:

Beltsville, Maryland

Millbury, Massachusetts

Ashland, Virginia

Pittsburgh, Pennsylvania

Applicant's Business Name		Phone # ()	Fax # ()	E-Mail Address	
Mailing Address			City	State	Zip
Type of Business					
Sprinkler Contractor		Mechanical Contractor		Other (Specify)	
Corporation		Partnership		LLC	
				Sole Proprietorship	
If a Corporation, under what state? _____			Date Incorporated _____		
Federal ID Number _____			State Tax Exempt # _____		
Name of Contractor License Holder		Contractor License #	Expiration Date	Bonding Company	

Principal's Information (Required to Process this Application)

#1 Principal's Name (Please Print)		Title		Social Security #	
Street Address					Home: Own ____ Rent ____
City	State	Zip	Home Phone # ()	Spouse's Name	
#2 Principal's Name (Please Print)		Title		Social Security #	
Street Address					Home: Own ____ Rent ____
City	State	Zip	Home Phone # ()	Spouse's Name	
Have you ever applied for or been extended credit at Atlantic American _____ Yes _____ No					
If Yes, Under what name? _____					
Has any principal of your company filed bankruptcy? _____ Yes _____ No _____ If yes, when? _____					
Has this company ever filed bankruptcy? _____ Yes _____ No _____ If yes, when? _____					
Own or Rent Premises? _____ Name of Mortgage Holder or Landlord _____					

What type of material will you be purchasing?
Who performs your fabrication?
Who performs your engineering & design?
What are the estimated monthly purchases from Atlantic American?
What is the credit limit that you are requesting from Atlantic American?

Banking Information				
Name of Bank			Account Number	
Address			Account Number	
City	State	Zip	Phone # ()	Fax # ()

Credit References				
(1) Business Name			Phone # ()	Fax # ()
Street Address		City	State	Zip
Contact Person		Position		
(2) Business Name			Phone # ()	Fax # ()
Street Address		City	State	Zip
Contact Person		Position		
(3) Business Name			Phone # ()	Fax # ()
Street Address		City	State	Zip
Contact Person		Position		
(4) Business Name			Phone # ()	Fax # ()
Street Address		City	State	Zip
Contact Person		Position		

TERMS AND CONDITIONS

TERMS OF PAYMENT: 2% 20, NET 30 DAYS- PRIME INTEREST RATE +2% PER ANNUM ON BALANCES 90 DAYS AND OLDER AND COST OF COLLECTION AND ATTORNEYS FEES.

Investigation Authorization: Buyer authorizes Seller and its designees to obtain information from the above references and all from all other available sources for credit purposes and at any time to collect past due indebtedness, and such references and sources are directed to furnish all requested information. It is understood this information will be held in the strictest confidence.

As an inducement to Atlantic American to supply goods on credit, the undersigned agree(s) to guarantee personally, prompt payment of all invoices and late charge of the prime interest rate + 2% per annum on any past due balances together with all costs of collection, including attorney's fees.

This credit application must be signed by an officer of the company if a corporation, all partners if a partnership, or by the sole proprietor applying for a business account.

Signed _____
Date _____.

Title _____.

Signed _____
Date _____.

Title _____.

**BANK AND TRADE REFERENCE
RELEASE OF INFORMATION**

The undersigned is an officer, partner, or sole proprietor of this Company, and is authorized to provide the information contained on this application for credit.

The undersigned also authorizes Atlantic American Fire Equipment Company to request and obtain information required from all trade, bank, and public record sources for credit purposes and at any time to collect past due indebtedness, and such references and sources are directed to furnish all requested information.

Company Name_____

Officer Name (Printed) _____

Title_____

Signature_____

Date of Authorization_____