

# APPLICATION FOR CREDIT

Atlantic Coastal Supply, Inc.  
P.O. Box 2887, Greenville, NC 27836  
Phone: (800) 520-0556 Fax: (800) 204-5630

## PROPERTY OR BUSINESS NAME

Name of Firm/Individual \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

## GENERAL INFORMATION

Purchaser/Maintenance Contact \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Email \_\_\_\_\_  
Tax Exempt:  YES\*  NO \*If yes, please provide a tax exemption certificate

## OWNERSHIP OR MANAGEMENT INFORMATION

Name/Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Name/Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Name/Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## BANK REFERENCE Account # \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## REFERENCES

Business Name	City/State	Phone	FAX (please provide)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Terms of Payment** Invoices are mailed daily and are due 30 days from invoice date. Finance charges will apply to past due invoices. Signature indicates that all invoices will be paid according to terms and agrees to pay any associated collection costs. We verify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Name (please print) \_\_\_\_\_ Date \_\_\_\_\_