

ATLANTIC CONCRETE WASHOUT, INC.

1 (877) 4WASHOUT

*** APPLICATION FOR CREDIT ***
UPDATE ADDRESS / OWNERSHIP ☐
TERMS / CREDIT LINE ☐
*****Please check one box above*****

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Type of Business: Distributor ☐ Fabricator ☐ Manufacturer ☐ Retailer ☐ Yrs. in Business: _____

Est. Annual Sales \$ _____ Number of Employees _____ Credit Line Desired \$ _____

Ownership: Proprietorship ☐ Partnership ☐ Corporation ☐ Federal Tax I.D. # _____

Principal #1	Principal #2
Name _____	Name _____
Title _____	Title _____
SS# _____	SS# _____
Home Address _____ _____	Home Address _____ _____
Home Phone _____	Home Phone _____

A/P Manager / Controller _____

Have you ever applied for credit from us under an existing or previous business name? Yes ☐ No ☐

If yes:

Name _____ account # _____

SHIPPING ADDRESS

Name _____

Address _____ City _____ State _____ Zip _____

BILLING ADDRESS

Name _____

Address _____ City _____ State _____ Zip _____

Contact Name (Please Print) _____ E-Mail Address _____

Web-Site: _____

Trade References – Please provide 3

Name: _____ Account # _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ - Fax (____) _____ - High Credit: \$ _____ How Long Doing Business?: _____

Name: _____ Account # _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ - Fax (____) _____ - High Credit \$ _____ How Long Doing Business?: _____

Name: _____ Account # _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ - Fax (____) _____ - High Credit: \$ _____ How Long Doing Business?: _____

Banking Information

Bank Name _____

Address _____ City _____ State _____ Zip _____

Account # _____ Savings _____ Checking _____ Account # _____ Savings _____ Checking _____

Line of Credit? No Yes \$ _____

PERSONAL CREDIT CHECK/BANK REFERENCES

Your signature here authorizes [Creditor Name]

To view your personal Credit Bureau Report _____
Signature of person authorizing _____ Social Security Number _____ Date _____

Your signature here authorizes the above named

bank to release financial information to [Creditor Name]. _____
Signature of person authorizing _____**TERMS OF SALE**

Conditions: Payment terms are **Net 30 days upon credit approval**. Additional terms of sale including terms of payment and allowable discounts for each purchase are agreed to below as well as those specified on the face of each invoice. Balances carried past the due date or over established credit line will cause new orders to be held out of production. **The customer hereby agrees to pay all collection and legal fees if such action be necessary, as well as 1.5% per month / 18% per annum interest on any past due invoices**, as well as any Non-sufficient fund charges as allowed by law in the event of a returned check. Property and products sold in association with extending credit to the applicant remains under the ownership of creditor until fully paid for. I have read these conditions and hereby agree to them.

Date: _____

Signature of Company Officer and Title _____