



CREDIT APPLICATION

Thank you for taking the time to complete this form. It will enable us to give you the best service and complete satisfaction in processing this application for credit. **Please fill out this form completely.**

Company Name: _____
 Business Address: _____
 City, State, & Zip: _____
 Shipping Address: _____
 City, State, & Zip: _____
 Phone No.: _____ Fax No.: _____ Year Established: _____
 Check Type of Business: Individual Owner ___ Partnership ___ Corporation ___ Other ___
 Soc Sec # / Tax ID: _____

Information of all General Partners, Corporation Officers and/or Individual Owner

Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

Bank Reference

Name: _____ Name: _____
 Address: _____ Address: _____
 City, State, & Zip: _____ City, State, & Zip: _____
 Phone No.: _____ Fax: _____ Phone No.: _____ Fax: _____
 Account #: _____ Checking ___ Loan: ___ Account #: _____ Checking ___ Loan: ___

Names and Addresses of Current Suppliers and/or Creditors

Name: _____ Phone: _____ Fax: _____
 Address: _____
 Name: _____ Phone: _____ Fax: _____
 Address: _____
 Name: _____ Phone: _____ Fax: _____
 Address: _____

Terms and conditions of open accounts: Goods sold and delivered to the purchaser shall remain the property of the vendor until paid in full. Said vendor reserves the right, and customer agrees to vendor's right, to take possession of the merchandise for which it has invoiced the customer upon default of payment.

BY SIGNING THIS CREDIT APPLICATION, YOU AUTHORIZE YOUR BANK TO RELEASE CREDIT INFORMATION TO NORTH ATLANTIC MARKETING, INC. ON YOUR ACCOUNT (FOR CREDIT PURPOSES ONLY).

- (1) The applicant will **PAY IN FULL** all invoices within terms.
- (2) The applicant **HEREBY AGREES** to pay interest at 1-1/2% per month (18% per year) on **ALL PAST DUE AMOUNTS**.
- (3) The applicant **HEREBY AGREES** to pay all costs and attorney's fees if any legal action is commenced by any party concerning the **TERMS** or **ENFORCEMENT** of this agreement or its provisions.

FOR FINAL APPROVAL, ORIGINAL SIGNATURES ARE NEEDED!

If corporation - Authorized officer(s) must sign below. If individual - Owner(s) must sign below.

Name: _____ Date: _____ Title: _____

Name: _____ Date: _____ Title: _____