



For the **Tru** Professional



1125 Hayes Industrial Drive
Marietta, GA 30062-2428
PH: 800-241-9414 or 770-427-1334
FAX: 770-427-9011
www.atlanco.com

APPLICATION FOR CREDIT

Legal Name _____

Date Business Started: _____

Trade Name (DBA) _____

Previous Firm Name: _____

Address _____

___ Individual Owner/Proprietorship

City _____ State _____ Zip _____

___ Partnership

Phone _____ Fax _____

___ Corporation (What State: _____)

This location is a branch of : _____

___ Retailer ___ Jobber ___ Leased Dept

Our firm also has branches/drop shipments at: _____

OFFICE USE ONLY	
TERMS _____	CL\$ _____
SIGNATURE _____	DATE _____

Name of Owner/Officer _____

Title _____

Home Address _____

Home Telephone _____

City _____ State _____ Zip _____

Name of Owner/Officer _____

Title _____

Home Address _____

Home Telephone _____

City _____ State _____ Zip _____

Accounts Payable Contact _____

Telephone _____

Email _____

Fax _____

Purchasing Contact _____

Telephone _____

Email _____

Fax _____

Our firm and none of it's officers, principals, partners or owners have filed bankruptcy within the last ten years, nor do any of these Parties have federal, state, county or municipal tax liens or civil suits or judgments filed against them within the last six years. Indicate: _____ Yes or _____ No. If yes please attach a separate sheet of paper with full details.



For the **Tru** Professional



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Trade References

Firm Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Fax _____
Acct. # _____

Firm Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Fax _____
Acct. # _____

Firm Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Fax _____
Acct. # _____

Bank Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Fax _____
Checking acct # _____

You have our permission to contact the above references and we agree to abide by your terms of sale of:

- CREDIT CARD (also fax copy of credit card along with a photo I.D. to protect yourself & us from fraudulent charges)**
- COD M.O. / CERTIFIED CHECK**
- COD COMPANY CHECK**
- NET 30 DAYS (FROM SHIP DATE) WITH A CREDIT LIMIT OF \$ _____**

upon approval, and to pay a service charge of 1.5% per month (18% per annum) on any portion of the balance not paid within these terms.

We further agree that in the event that the Creditor is forced to take legal action against our firm, its owners, principals, officers, guarantors or myself, to reimburse the Creditor for all collection agency's, attorney's, marshal's and sheriff's commissions and fees, process server or investigation costs, interest and all court costs as the court may adjudge.

Signature of Authorized Officer/Owner

Printed Name as Signed

Date

**PLEASE RETURN WITH
A COPY OF YOUR STATE
OR LOCAL RE-SALE
LICENSE OR DOC'S !!!**