



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](http://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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
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.



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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 !!!**