



Atlas Plumbing Supply Co.

3439 Gratiot Avenue Detroit, MI 48207

T 313.579.2700 F 313.579.3301

www.atlasplumbingsupply.com

Company's Legal Name _____

Address _____ Phone: _____

Cell Phone _____

City _____ State _____ Zip _____ Fax: _____

E-Mail Address _____ Acct Payable Contact _____

Are you TAX Exempt? Yes _____ No _____ Tax ID# _____

Date Company Established _____ Type of Business _____

Corporation _____ Do you use PO Numbers Yes _____ No _____

Partnership _____

Single Owner _____

Owner's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Age _____ Soc.Sec _____ Driver's Lic# _____

Partner's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Age _____ Soc.Sec _____ Driver's Lic# _____

BANK NAME, ACCOUNT NUMBER, PHONE NUMBER

1.) _____

2.) _____

TRADE REFERENCES

1.)Name _____ 2.)Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip _____ Phone _____ Zip _____ Phone _____

Fax _____ Fax _____

3.)Name _____ 4.)Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip _____ Phone _____ Zip _____ Phone _____

Fax _____ Fax _____

If credit application is approved, I agree to your terms of Net 30 days. A finance charge of 1 1/2 % per month 18 per annum or as otherwise provided by the laws of the state. As consideration for the extension of credit, the undersigned understands and agrees that failure to send a written notice of contesting any written invoice within 30 days of the invoice date, shall constitute an acceptance of the invoice and undersigned waives any and all decreases to the amount contained therein.

SIGNED _____ Title _____ DATE _____

Guaranty

To induce you to sell goods on credit to the above company (the company), the undersigned personally guarantees and agrees to pay when due, or upon demand, the full amount of any indebtedness owing to Atlas Plumbing Supply Company in connection with such sales on credit plus reasonable attorney fees and collection costs.

SIGNED _____ DR.LIC# _____ DATE _____