



sales rentals service repair

www.atlanticforkliftservices.com

CREDIT APPLICATION

J	Corporation	•	Other			
			Date Business Established:			
Phone:		Fax:				
Billing Address:			City:	State:	ZIP:	
Ship To Address	::		City:	State:	ZIP:	
Ship To County:						
Accounts Payab	le Contact Name: _		Email:			
Accounts Payab	le Phone:		-			
Invoice Submitt	al Email Address: _		(P	referred Method)		
Sales Tax Applic	able: Yes No	(<u>If no, please submit t</u>	ax exemption cert.) P.O. Require	d: Yes No		
Approximate Cr	edit Line Requeste	d:				
Principal Owner	·/Officers:					
Name:			Title:			
			Title:			
Name:			Title:			
Authorized Buy	<u>er(s):</u>					
			l:			
	me:Emai					
Name:		Emai	l:	Pnor	ne:	
Business/Trade	References:					
			Phone: Phone:			
			FIIONE.	Асси. т.		
Bank Reference	=					
	Phone:					
Branch:			_ Contact Name:			
Account Numbe	er:					
How did you he	ar about us? Google	e Search Social Netv	vork Referral Other		·	
	*		. Equipment orders require pre-pa			
			and may be subject to a restocking arge of 1.5% per month is due on	-		
·	-					
I (we) agree to t establishing cred		ove and authorize Atla	ntic Forklift Services to process cre	dit inquiries on referen	ice provided for the purpose	
Printed Name:	Name:(Owner or Officer only) Title:					
	re:					