

ATLANTIC INTERNATIONAL PRODUCTS

P.O. BOX 4429 UTICA, NY 13504 PHONES: (888) 724-4837 (315) 738-4370 FAX: (315) 738-7728

BUSINESS INFORMATION: ___ Proprietorship ___ Partnership ___ Corporation Date Business was established ___

SHIP TO _____ Tax exempt? ___ Yes ___ No Tax ID# _____
Business Name _____
Trade Name (dba) _____
Address _____
City, State Zip _____ Phone _____

If tax Exempt, Include Copy of Exemption Certificate
Hours you will accept deliveries _____

FOR INTERNAL USE ONLY

DATE APPLICATION WAS RECEIVED _____

SALES REPRESENTATIVE NUMBER 70 JOEL MCINTYRE

CUSTOMER NUMBER _____

BILL TO SAME AS SHIP TO
Address _____
City, State Zip _____
Phone _____ Contact for collection _____

OWNER / OFFICER INFO: Complete the following information for all Corporate Officers, Partners or Individual Proprietors

Name And Title

Home Address

City, State Zip

Home Phone No. Social Security No.

Name And Title

Home Address

City, State Zip

Home Phone No. Social Security No.

ACCOUNTS RECEIVABLE INFORMATION:

Accounts Payable Contact _____ Title _____ A/P Phone No. _____

BANK INFORMATION: (SEE ATTACHED)

Bank Name

Address

City, State Zip

Officer

Account Numbers

Phone Number

Trade References: (Please use other food distributors) Be sure to include phone numbers.

	NAME	YOUR ACCT #	ADDRESS	PHONE NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

IMPORTANT: Missing information will delay processing and or prevent credit approval of this application.

TERMS AND CONDITIONS

In consideration of Atlantic Int. Prod. extending credit terms in exchange for the delivery of goods, you agree that Atlantic Int. Prod. hereby reserves the right to: assess a late charge of 9.5% on all balances not paid within 30 days of the terms stated; assess a \$15.00 charge for returned checks; assess a fee of 33% of the outstanding balance should the account be sent to collection. The undersigned and personal guarantor, hereby agrees, in consideration for the sale of product by Atlantic Int. Prod., to consent to the jurisdiction of the State of New York in the event of any default in payment.

The Information given on this credit application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Atlantic Int. Prod. to investigate the references listed pertaining to My/Our credit and financial responsibility. The undersigned further acknowledges that credit privileges, if granted, may be withdrawn at any time.

Print Name	Title	Signature & Date
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Print Name	Title	Signature & Date
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Print Name	Title	Signature & Date
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INDIVIDUAL PERSONAL GUARANTEE

The undersigned, in consideration of the extension of credit by Atlantic Int. Prod. hereby personally unconditionally guarantees payment of all monies due Atlantic Int. Prod. USE OF A CORPORATE TITLE SHALL IN NO WAY LIMIT THE PERSONAL LIABILITY OF THE PERSONAL GAUARNTTEE SIGNATORY.

Print Name	Title	Signature & Date
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Print Name	Title	Signature & Date
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Print Name	Title	Signature & Date
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