



388 Grant St., SE
 Atlanta, Georgia USA 30312-2227
 Telephone (404) 688-9000
 Fax (404) 577-3847

Credit Application

In order to expedite order processing and facilitate communications, please complete and sign this form. Please type. We appreciate your time and understanding.

Company Name:			Account No.:	<i>APCO Use Only</i>
Telephone:	Fax No.:	Email Address:	D & B rating:	
Brief Description of Your Company's Business:			Credit Limit:	
Your Company is Publicly Traded on the:			Terms:	
<input type="checkbox"/> NYSE <input type="checkbox"/> NASDAQ <input type="checkbox"/> Other _____			Approved By:	
Bill To Information:			Date Opened/Opened By:	
Billing Address:			Customer Category:	
City, State, Zip			Rep #:	
County:			Message Codes:	
Attention:				

Accounts Payable Contact: _____ Telephone: _____ Fax No.: _____ Email Address: _____

Important: Do You Require a Purchase Order # on Invoices?

Yes No

Ship To Information

Shipping Address:

City, State, Zip _____ County: _____

Country: _____ Telephone: _____ Fax No.: _____ Email Address: _____

Attention: _____

Business History

How long in business under present control? _____ Previous Name: _____

Nature of Business: _____ How Long: _____

Type of Organization:

Proprietorship Partnership Corporation Other _____

Partners/Officers:	Social Security No:	Title:
1. _____	_____	_____
2. _____	Social Security No:	Title:
_____	_____	_____
3. _____	Social Security No:	Title:
_____	_____	_____

Bank References

Bank Name:

Bank Address:

Bank Officer:

Telephone:

Email:

Suppliers Reference (Must have four references with whom credit line is comparable to that requested from APCO.)

Name, Address, Telephone, Email:

1.

2.

3.

4.

Amount of Credit Line Requested:

\$ _____

Additional Information

Sales Tax Exemption No.

Federal Tax ID #

Dunn & Bradstreet #

(if applicable, copy of exemption certificate must be attached to qualify)

We agree to pay for all merchandise, materials and services according to terms set forth by APCO as detailed on Order Acknowledgement. We agree to pay 1.5 % interest per month (18% annually) on past due balances which exceed the terms set forth by APCO.

Signature*:

Date:

Signature*:

Date:

Signature*:

Date:

Applications without proper signature(s) will not be processed.

* Proprietorship- 1 Signature of Owner; Partnership- Signature of 2 Partners required; Corporation- Signatures of 2 Officers required

The undersigned hereby consent(s) to APCO's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) APCO to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by the credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq..

Signature:

Date:

Signature:

Date:

Signature:

Date: