



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Thank you for your interest in Atlantex Manufacturing and our lines of system protection solutions. In order to create your account and establish credit, Atlantex needs to collect some basic company information.

Please provide the required information below and return to Atlantex’s Customer Service department via email at CustomerService@atlantexmfg.com or via fax at 610-518-6602.

In addition to this form, please attach your Federal Tax Exempt Form, if applicable.

Again, we appreciate your interest in Atlantex Manufacturing, and we look forward to working alongside you.

| Primary Account Contact | |
|--------------------------------|--|
| Primary Account Contact Name: | |
| Primary Account Contact Phone: | |
| Primary Account Contact Email: | |

| Purchase Order Confirmation Contact Person | |
|--|--|
| <i>Purchase order confirmations are typically sent within 24 hours of PO receipt</i> | |
| Purchasing Contact Name: | |
| Purchasing Contact Phone: | |
| Purchasing Contact Email: | |

| Accounts Payable Contact Person | |
|---------------------------------|--|
| AP Contact Name: | |
| AP Contact Phone: | |
| AP Contact Email: | |
| Email Invoices To: | |

| Shipping Account Information | |
|------------------------------|--|
| UPS Account Number: | |

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| ATLANTEX MANUFACTURING CORPORATION | | | |
| CREDIT APPLICATION FOR A BUSINESS ACCOUNT | | | |
| BUSINESS CONTACT INFORMATION | | | |
| Title: | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | State: | ZIP Code: | |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| BUSINESS AND CREDIT INFORMATION | | | |
| Primary business address: | | | |
| City: | State: | ZIP Code: | |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | Phone: | | |
| City: | State: | ZIP Code: | |
| Type of account: | Account number: | | |
| Savings | | | |
| Checking | | | |
| Other | | | |
| BUSINESS/TRADE REFERENCES | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| AGREEMENT | | | |
| <p>1. All invoices are to be paid 30 days from the date of the invoice.</p> <p>2. Claims arising from invoices must be made within seven working days.</p> <p>3. By submitting this application, you authorize ATLANTEX MANUFACTURING CORPORATION to make inquiries into the banking and business/trade references that you have supplied.</p> | | | |
| SIGNATURES | | | |
| Title: | | Title: | |
| Date: | | Date: | |

