



24 Industrial Avenue, P.O. Box 181, Upper Saddle River, NJ 07458
TEL: (201) 828-9400 • FAX: (201) 387-0291

Application for Credit

The information below is for the purpose of obtaining credit and is warranted to be true and correct to the best of my knowledge. I/We hereby authorize ATLANTIC EQUIPMENT ENGINEERS, INC. the firm to which this application is made, to investigate the references listed pertaining to our credit and financial responsibility.

Please answer all questions. When no figures are inserted, write "none".

Firm Name _____ Telephone _____

Street Address _____ Telefax _____

City and State _____ Zip Code _____

Type of Organization (select one): Corporation Partnership Proprietorship

Federal Tax I.D. / Social Security Number _____

Dun & Bradstreet Number _____

CFO _____

Type of Business _____

Date Established _____ Number of Employees _____

Please attach a sheet with the following information for at least three (3) trade references (of a similar business type) and one (1) bank reference:

Name of Company	Contact Name	Complete Address
Account Number	Telephone Number	Telefax Number

Please complete and return this application via telefax to (201) 387-0291. **Applicant's signature attests financial responsibility, ability and willingness to pay the invoices of ATLANTIC EQUIPMENT ENGINEERS, INC. within thirty (30) days of invoice.**

Firm Name _____

By _____ Title _____

Authorized Bank Signature _____ Date _____

Signature is required to open an account.