



Atlas Trading International, LLC

PO Box 1589
Beaverton OR 97075
503-626-4800

Credit Application

Please fax back to **503-626-4809**

Bill To:

Corporate name

Trade Name

Address

City, State, Zip

Phone #

Fax#

Ship To:

Address

City, State, Zip

Phone #

Fax#

Federal Tax ID# _____

State Resale Tax# _____

*****(MUST attach completed resale certificate)*****

Contact Info:

Order Contact: _____

Billing Contact: _____

Phone/Fax #: _____

Phone/Fax#: _____

Email: _____

Email: _____

Type of Business: Corporation Proprietorship Partnership Limited Liability Company

How long have you been in business? _____ Have you ever filed for protection under the bankruptcy code? _____

Have you ever had an account with us before? If Yes, under what name? _____

BANK ACCOUNT

Name _____ Branch _____

Street Address _____ Account No. _____

City, State, Zip _____ Phone: _____

Contact _____ Fax: _____

4 CREDIT REFERENCES

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Fax or Email _____

Fax or Email _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Fax or Email _____

Fax or Email _____

The applicant hereby authorizes Atlas Trading International, LLC to obtain credit information about the applicant from any source Atlas Trading International, LLC deems necessary or appropriate, including, without limitation, the bank(s) listed above, and hereby authorizes such sources to release the requested information to Atlas Trading International, LLC at any time.

In consideration for extension of credit, customer agrees to the terms hereof and to the conditions set forth on each invoice. Customer also agrees to pay a service charge of 1 1/2% per month computed on the unpaid delinquent balance until the account is paid in full.

Authorized Signature

Printed Name

Title

Date