



CREDIT APPLICATION & PERSONAL GUARANTEE

You can submit your application by bringing it to your local branch, faxing it to 732-229-7948 or emailing it to inbox@GoAtlantic.com. If you have any questions regarding your application please call our corporate headquarters in Long Branch at 732-229-0334.

Circle your home location: Long Branch Toms River Newark Westfield Wrightstown

NAME DATE

ADDRESS CITY STATE ZIP

PHONE () FAX () CELL ()

YEAR ESTABLISHED TYPE OF BUSINESS: CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER EMAIL

PRINCIPALS AND/OR OFFICERS:

NAME HOME ADDRESS

TITLE PHONE SS NO. OWN RENT

NAME HOME ADDRESS

TITLE PHONE SS NO. OWN RENT

NAME HOME ADDRESS

TITLE PHONE SS NO. OWN RENT

BANK REFERENCE:

NAME ACCOUNT #

ADDRESS PHONE ()

TRADE REFERENCES:

NAME ADDRESS

PHONE () EMAIL FAX ()

NAME ADDRESS

PHONE () EMAIL FAX ()

NAME ADDRESS

PHONE () EMAIL FAX ()

I/We certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms. I/we authorize you to verify this information and or obtain additional information by securing data from a credit reporting agency. I/we understand that all past due balances will be subject to a 1% service charge and a 1% interest charge per month. I/we further agree to pay 25% collection charge in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNED TITLE

SIGNED TITLE

PERSONAL GUARANTEE

For good valuable consideration, the undersigned (jointly & individually) agrees to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agrees to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agrees to pay an additional 25% collection charge on the entire unpaid balance.

MUST BE SIGNED BY OWNER OR PRINCIPAL - NO TITLE AFTER SIGNATURE

SIGNED WITNESS DATE

SIGNED WITNESS DATE

THE USE OF MY CORPORATION TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.

PREFERRED DELIVERY OF INVOICE: EMAIL FAX MAIL