



Credit Application Form

Instructions: Please complete the form below and email to evelyn@atglobal.com.

COMPANY INFORMATION

| | | |
|----------------------|--------------------|-----------|
| Company Name: | | |
| DBA (if applicable): | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Telephone: | Fax: | |
| Federal ID #: | Years in business: | |
| Type of business: | | |

PRINCIPAL(S) INFORMATION

| | | |
|-------|--------|------|
| Name: | Title: | SSN: |
| Name: | Title: | SSN: |
| Name: | Title: | SSN: |

BANK INFORMATION

| | | |
|---------------------------|--------|-----------|
| Bank Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Contact Name / Telephone: | | |
| Account Number(s): | | |

TRADE REFERENCES

| | | |
|---------------------------|--------|-----------|
| Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Contact Name / Telephone: | | |
| Account Number(s): | | |
| Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Contact Name / Telephone: | | |
| Account Number(s): | | |
| Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Contact Name / Telephone: | | |
| Account Number(s): | | |

AUTHORIZATION

I authorize Advanced Technology Laboratories to verify the information provided on this form as to my credit history and trade references.

| | |
|------------------------|------|
| Signature of Principal | Date |
|------------------------|------|