



Credit Application Form

Instructions: Please complete the form below and email to your ATL Project Manager.

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
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