



Atlantic window & door

Credit Application

Atlantic Window & Door and any affiliated companies, successors and or assigns (herein after "AWD")

The undersigned authorize AWD and its credit investigation agency to contact and receive information from any source regarding my business and /or personal credit. It is understood this information will be held in the strictest confidence and used only by AWD's credit department or in the event collection efforts are required against us and the personal guarantor. In the event you are denied credit under this application, you will receive a notice containing information about the credit reporting agency providing us with a report. That notice will outline your rights to obtain a report from that agency and your right to obtain the specific reasons for your denial. AWD does not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, or in good faith, exercised any rights under the Consumer Credit Protection Act.

The undersigned certify that the within information is true and correct and that the account will be paid in accordance with AWD's credit terms which are Net 30 days from statement date. The undersigned understands and recognizes that if there is a default in payment of any amount due, that AWD will be required to expend money, manpower and overhead in the collection, billing, supervision and solicitation of the past due amounts and in consideration therefore, the undersigned agree that the amount past due shall be subject to a finance charge rate of 2% per month (24% per annum). In the event that AWD is required to retain an attorney and/or agency to collect the past due amount referred to herein, then the undersigned shall pay attorney fees equal to 25% of the said amount plus cost, in addition to the sums otherwise due to AWD. The undersigned agree to be responsible for any purchases made by any and all representatives of myself or my company unless the undersigned advise you in writing of any purchase restrictions. The undersigned also agree to be responsible for materials ordered for a job site where said materials are delivered without the owner, contractor or subcontractor available for signature, in which case, the undersigned agree to accept AWD as an authorized agent for any required signature. If the undersigned fail to notify AWD in writing within 3 days after receipt of confirmation of delivery, the delivery will be deemed authorized and accurate. The undersigned agree to pay a 3% administration charge if payment on my/our account is made American Express and a 2% administration charge if payment on my/our account is made Visa, MasterCard or Discover Card.

The undersigned agrees that the continued solvency of the undersigned is a precondition to any sales made by AWD. The undersigned agrees to provide AWD a statement representing that the undersigned is and remains solvent. The undersigned acknowledges and agrees that AWD may utilize outside credit reporting services to obtain information on the undersigned.

AWD reserves the right to revoke your credit at any time for any reason, other than an unlawful reason, upon written notice, including without limitation upon receipt of revocation of personal guarantee by personal guarantor(s).

TERMS AND CONDITIONS OF SALE: The undersigned agrees to pay for all purchases according to the terms of AWD. No terms or conditions of purchase orders different from the terms of AWD will become part of any sales agreement, purchase order, or the other document unless specifically approved in writing by AWD. No items will be accepted for return without prior approval. All returns are subject to a restocking charge.

PAYMENT TERMS: Net 10 or Net 30 (after approval by AWD). Deposit required on all special orders.

Attached to this credit application is the most recent financial statement of the undersigned. The undersigned agrees to provide to AWD updated financial information on request, and to provide an annual financial statement to AWD as a condition of the continuation of this credit. The undersigned agrees to provide AWD with an updated credit application each year as a condition for the continued extension of credit.

The person(s) signing the application certifies that all of the information contained in this application and any attachments is true and correct to the best of their information, knowledge and belief.

Principal or Corporate Officer

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Note: If corporate account, all stockholders must sign. If partnership, all partners must sign. If LLC, all members must sign.

For valuable consideration and to induce AWD to offer credit to Applicant, the undersigned personally and unconditionally guarantees payment of all amounts due AWD from Applicant. This is an absolute, unconditional and continuing personal guarantee which applies to all past, present and future credit AWD may extend to Applicant, and may not be revoked except in a written notice sent by Personal Guarantor to AWD via certified mail return receipt requested or by personal delivery, which notice shall become effective upon AWD's receipt, except that Personal Guarantor's revocation will not apply to any purchase made by Applicant prior to AWD's receipt of the written revocation, regardless of whether the delivery of the goods or materials were made after AWD's receipt of the revocation. Personal Guarantor hereby waives receipt from AWD of any notice of default by Applicant and AWD shall be under no obligation to pursue collection against the Applicant prior to any efforts to enforce this Personal Guarantee. In the event there is more than one Personal Guarantor signing this Personal Guarantee of Credit, each shall be jointly and severally liable. This Personal Guarantee of Credit shall be binding upon the successors, heirs and assigns of the Personal Guarantor(s). AWD reserves the right to terminate this agreement and revoke the applicant's credit upon notice of the revocation of this Personal Guarantee by Personal Guarantor(s). Personal Guarantor authorizes AWD and its credit investigation agency to contact and receive information from any source regarding my business and/or personal credit. It is understood this information will be held in the strictest confidence and used only by AWD' credit department or in the event collection efforts are required against Personal Guarantor.

Signature: _____ Print Name: _____ SSN: _____ Date: _____

Signature: _____ Print Name: _____ SSN: _____ Date: _____

Signature: _____ Print Name: _____ SSN: _____ Date: _____

Note: If corporate account, all stockholders must sign. If partnership, all partners must sign. If LLC, all members must sign.

Revised 02/2024



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Legal Name of Entity: _____

Physical Location of Business

Address (City, State, Zip): _____

Telephone: _____ Email: _____

Type of Business: Corporation Partnership Proprietorship

Federal ID Number: _____ SSN #: _____

Date of Corporation: _____ State Where Incorporated: _____ Resale/Tax Exempt ID: _____

(Please Attach Certificates of Resale or Tax Exemption, if applicable)

Billing Address

P.O. Box/Street (City, State, Zip): _____

Email Address (to Receive Statements):

Principals or Corporate Officers

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Bank References

Name: _____ Acct. Number: _____ Phone: _____

Officer: _____ Address: _____ Email:

Name: _____ Acct. Number: _____ Phone: _____

Officer: _____ Address: _____ Email:

Trade References

Name: _____ Contact: _____ Phone: _____

Address: _____ Email:

Name: _____ Contact: _____ Phone: _____

Address: _____ Email:

Name: _____ Contact: _____ Phone: _____

Address: _____ Email:

To be completed by Principal(s)

Owner(s) Name(s) as it appears on deed: _____

Property Detail: Block# _____ Lot# _____

Home Street Address: _____ City: _____ State & Zip: _____

Owner Name: _____

Residence: Own Rent Years at Present Address: _____ Email: _____

Driver's License #: _____ Date of Birth: _____ SS#: _____

Employer: _____ Position: _____