

ATLANTIC SUPPLY, LLC
1000 TIOGUE AVENUE
COVENTRY, R. I. 02816
(401) 823-0800 FAX (401) 822-3207
ACCOUNT APPLICATION

DATE: _____
INDIVIDUAL OR FIRM NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NO POST OFFICE BOX NUMBER

PHONE #: BUSINESS: _____ HOME: _____

CELL _____ FAX: _____ E-MAIL _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

TYPE OF OWNERSHIP: SOLE OWNER: _____ PARTNERSHIP: _____ CORPORATION: _____

PRESIDENT/OWNER: _____ VICE PRESIDENT: _____

DRIVER LICENSE #: _____ SOCIAL SECURITY _____ D.O.B. _____

BANK REFERENCE: _____

BUSINESS REFERENCE'S AT LEAST 3 _____

THE PARTY TO WHOM ATLANTIC PLUMBING & HEATING SUPPLY COMPANY (ATLANTIC) IS REQUESTED TO EXTEND A REVOLVING LINE OF CREDIT
HEREUNDER AGREES THAT SUCH EXTENSION OF CREDIT SHALL BE GOVERNED BY THE FOLLOWING TERMS AND CONDITIONS.

1. EXTENSIONS OF CREDIT BY ATLANTIC TO THE UNDESIGNED SHALL CONSTITUTE LOANS BY ATLANTIC TO THE UNDERSIGNED AT THE TIME
THEY ARE MADE.

2. IT IS AGREED BY THE UNDERSIGNED THAT PAYMENTS SHALL BE MADE TO ATLANTIC NOT LATER THAN THE 10TH DAY OF EACH MONTH
FOR ALL INVOICES RENDERED COVERING CHARGES MADE DURING THE PREVIOUS MONTH.

3. THE UNDERSIGNED AGREES TO PAY ATLANTIC A FINANCE CHARGE ON THE ACTUAL OUTSTANDING PRINCIPAL BALANCE OF THE
ACCOUNT DURING EACH BILLING PERIOD. ATLANTIC SHALL COMPUTE THE FINANCE CHARGES AT THE RATE OF ONE AND ONE-HALF (1 1/2) PERCENT
PER MONTH FOR ALL CHARGES THAT REMAIN UNPAID FOR A PERIOD OF TIME IN EXCESS OF THIRTY (30) DAYS.

4. NO FINANCE CHARGE WILL BE IMPOSED BY ATLANTIC FOR ANY CHARGES WHICH ARE PAID IN FULL WITHIN THIRTY (30) DAYS INCURRING
SAID CHARGES. THE FINANCE CHARGE FOR ALL ACCOUNTS REMAINING UNPAID FOR A PERIOD IN EXCESS OF THIRTY (30) DAYS SHALL BE COMPUTED
DURING SUCH PERIOD BY MULTIPLYING THE ACTUAL DAILY ACCOUNT BALANCE BY THE DAILY PERIODIC RATE OF .04931 % (18 % ANNUAL
PERCENTAGE RATE) AND TOTALING SAID AMOUNT.

5. IT IS AGREED BY THE UNDERSIGNED THAT IN THE EVENT ATLANTIC IS REQUIRED TO PLACE AN OUTSTADING AND UNPAID ACCOUNT IN
THE HANDS OF AN ATTORNEY FOR COLLECTION, ANY REASONABLE EXPENSE, INCLUDING ATTORNEY'S FEES, INCURRING IN CONNECTION
THEREWITH SHALL BE BORNE BY THE UNDERSIGNED.

6. IT IS HEREWITH REQUESTED BY THE UNDERSIGNED THAT A CREDIT LINE OF A \$ _____
PER MONTH BE GRANTED AND IT IS AGREED THAT THIS LIMIT SHALL NOT BE EXCEEDED IN ANY ONE MONTH WITHOUT SPECIAL AUTHORIZATION
FROM ATLANTIC.

* _____

GUARANTEE

FOR VALUE RECEIVED, THE UNDERSIGNED, GUARANTEES FULL PAYMENT OF THE PRINCIPAL AND FINANCE CHARGES
INCURRED IN ACCORDANCE WITH THE TERMS AND PROVISION OF THIS ACCOUNT. THE UNDERSIGNED FURTHER WAIVES
PRESENTMENT AND DEMAND FOR PAYMENT, THIS PROTEST OR NOTICE OF NONPAYMENT OR ANY OTHER DEFAULT.

SIGN AS INDIVIDUAL USING NO CORPORATE TITLES * _____

CREDIT CARD # _____

EXP. DATE _____