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Remittance Center • 1405 SW 6th Ave • Ocala, FL 34471
Email address: cedwards@atlantic-pub.com

BUSINESS CREDIT APPLICATION

Business Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Owner/Manager _____ Tel.No. _____

Email _____

How long in business _____ D & B Rated _____

Trade References:

Name _____ Company _____

Address _____ Phone _____

Name _____ Company _____

Address _____ Phone _____

Name _____ Company _____

Address _____ Phone _____

Name _____ Company _____

Address _____ Phone _____

Bank Information:

Bank Name: _____ Bank Account #: _____

Bank References:

Name _____ Company _____

Address _____ Phone _____

Name _____ Company _____

Address _____ Phone _____

Credit line requested \$ _____

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Signature _____ Date: _____