

# **Atlantic Drives & Bearings of N.C., Inc.**

*Power Transmission & Bearing Specialist*

4715 Stockholm Ct.

Charlotte, N.C. 28273

Phone (704) 553-0772 Fax (704) 553-9651

## **Attn: Accounting**

Thank you for your interest in opening an account with Atlantic Drives & Bearings of N.C. We strive to make conducting business as problem free as possible. In order to accomplish this goal, we ask that the credit application form be filled out completely. If you provide your own reference sheet, we ask that any information requested on our form that is not included with your information be filled in and the application signed. Please include any applicable tax certificates with the credit application, without these certificates, we will be required to charge the standard tax rate for your location.

Thank You,

Jerrod Gervasi

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## Credit Application

BILLING

SHIPPING (If different)

Company Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

COMPANY OFFICER (S) TITLE

\_\_\_\_\_  
\_\_\_\_\_

CONTACTS: (Accounting, Purchasing, Maintenance, Engineers, Etc.)

NAME

TITLE

PHONE or EXT NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

TAX STATUS: TAXABLE ( ) RESALE ( ) MFG: EXEMPT ( ) 1% ( )

COUNTY AND STATE APPLICABLE: \_\_\_\_\_

**REFERENCE INFORMATION**

Bank Reference

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Trade References (Provide at least three)

Name/Location	Account #	Contact	Fax Number
1. _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information: \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_