



ATLANTIC SUPPLY

6462 125th Ave. North Largo, FL 33773 Phone 800-752-9416 Fax 727-531-5673

Mail To: P.O. Box 17620, Clearwater, FL 33762

Trade Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Telephone No. _____

President/Owner: _____

Vice President: _____

Contact for Payment: _____

Year Started: _____

Federal ID#: _____

License No. _____

Recorded: City _____ State _____

Ever Been Bankrupt: Yes ___ No ___ When _____

Individual: ___ Corp: ___ Ptnship: ___ Other: _____

TRADE REFERENCES (Current Open Accounts)

FAX NUMBERS MUST BE PROVIDED!

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____ Fax: _____

Acct. No. _____

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____ Fax: _____

Acct. No. _____

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____ Fax: _____

Acct. No. _____

SEE SECOND PAGE FOR CHARGE AGREEMENT

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Fax: _____

County: _____

Applicable Sales Tax Rate: _____

Tax Exempt: YES ___ NO ___
If yes, attach state certificate.

Primary Type of Business: _____

BANK REFERENCES

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____ Fax: _____

Bank representative: _____

Acct. No. _____

I (we) authorize ATLANTIC DRILLING SUPPLY, INC. to obtain further information concerning my (our) credit standing from any credit bureau, the references and accounts herein listed or any other person or source.

Date _____

Signed _____

Authorized Signature

Print Name _____

**CUSTOMER INFORMATION SHEET
OPEN ACCOUNT CHARGE AGREEMENT**

I (we) agree as follows: To pay the entire balance owing (TOTAL) as shown on each invoice within 30 days of the date of the invoice.

To pay LATE CHARGES applied to any Previous Balance remaining unpaid after the due date. No LATE CHARGES will apply to any Previous Balance if payment in full is received on or before the due date.

The LATE CHARGE will be computed on the Unpaid Previous Balance which is the Previous Balance after deducting all Payments and Credits received during the billing period and without adding any purchase made subsequent, thereto. The LATE CHARGE, when applicable will be computed by applying a 1.5% monthly periodic rate (18% ANNUAL PERCENTAGE RATE) to the previous unpaid balance commencing at the billing closing date.

The company reserves the right to limit the amount of credit, which will be extended and may at any time terminate the right to further purchases.

If, in the event of default, a balance due hereunder is referred to an attorney for collection, I (we) agree to pay reasonable attorney's fees and all costs of collection.

I (we) authorize ATLANTIC DRILLING SUPPLY, INC to obtain further information concerning my (our) credit standing from any credit bureau, the references and accounts herein listed or any other person or source.

NOTICE TO THE BUYER: Do not sign this agreement before you read it, or if it contains blank spaces. You are entitled to a copy of this agreement. I (we) acknowledge the receipt of an exact copy of this agreement.

Date _____ Signed _____
Authorized Signature

GUARANTY OF PAYMENT OF ACCOUNT

IN ORDER TO INDUCE ATLANTIC DRILLING SUPPLY, INC. TO EXTEND CREDIT TO THE APPLICANT AND IN CONSIDERATION OF ITS AGREEMENT TO DO SO, I UNCONDITIONALLY AND ABSOLUTELY GUARANTEE ATLANTIC DRILLING SUPPLY, INC. THE PAYMENT IN ALL SUMS DUE FROM APPLICANT ON ACCOUNT, INCLUDING FINANCE CHARGES, ALL COSTS OF COLLECTION AND REASONABLE ATTORNEY'S FEES AS ABOVE MENTIONED TOGETHER WITH ANY AND ALL EXPENSES OF, FOR AND INCIDENTAL TO COLLECTION OF SUMS DUE UNDER THIS GUARANTY, INCLUDING REASONABLE ATTORNEY'S FEES. THIS GUARANTY CANNOT BE REVOKED BY ME AND THIS GUARANTY WILL BE AND REMAIN IN FULL FORCE AND EFFECT NOT WITHSTANDING ANY ACT, OMISSION OR THING WHICH MIGHT OTHERWISE OPERATE AS A LEGAL OR EQUITABLE DISCHARGE OF ME. I FURTHER WAIVE THE BENEFIT OF ANY LAW WHICH REQUIRES ATLANTIC DRILLING SUPPLY, INC. TO BRING SUIT AGAINST THE APPLICANT OR EXHAUST IT'S RIGHTS AND REMEDIES AGAINST THE APPLICANT BEFORE ENFORCING THIS GUARANTY.

GUARANTOR'S SIGNATURE _____ DATE _____
BY SIGNING THIS AGREEMENT I ATTEST THAT I HAVE READ, UNDERSTOOD AND AGREE TO ALL CONDITIONS SET FORTH IN THIS DOCUMENT.