



# ATLANTIC SUPPLY

6462 125<sup>th</sup> 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: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number \_\_\_\_\_

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

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number \_\_\_\_\_

## SEE SECOND PAGE FOR CHARGE AGREEMENT

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

County: \_\_\_\_\_

Applicable Sales Tax Rate: \_\_\_\_\_

Tax Exempt: YES \_\_\_ NO \_\_\_  
(If yes, attach state certificate)

Primary Type of Business: \_\_\_\_\_

Credit Limit Applied For: \$ \_\_\_\_\_

## 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 (Must be a Corporate Officer)

**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 \_\_\_\_\_  
(Must be a Corporate Officer)

BY SIGNING THIS AGREEMENT I ATTEST THAT I HAVE READ, UNDERSTOOD AND AGREE TO ALL THE CONDITIONS SET FORTH IN THIS DOCUMENT.