



ATLAS OIL, INC.
 24501 Ecorse Road
 Taylor, MI 48180
 Main: 313-662-3618
 Fax: 313-292-1738
 www.atlasoil.com

ATLAS OFFICE	SALES REPRESENTATIVE
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BUSINESS CREDIT APPLICATION

DATE RECEIVED:

Thank you for your interest in Atlas Oil, Inc. We appreciate the opportunity to be of service to you. To help us establish credit terms for you, we request that you execute this Application and Agreement and furnish us with the names and addresses of at least three (3) references with whom you have credit terms of equal value or greater than the credit terms requested, latest financial statements (if credit terms will be over \$5,000) and a bank reference. Product on credit terms will not be delivered until the credit review process is complete, which is typically 3-4 business days.

NAME/ADDRESS	FULL LEGAL NAME		E-MAIL ADDRESS			
	BILLING ADDRESS		CITY	STATE	ZIP CODE	
	SHIP TO ADDRESS (see attached if multiple sites)		CITY	STATE	ZIP CODE	
	CONTACT NAME	PHONE NUMBER	FAX NUMBER	WEBSITE		
LEGAL STRUCTURE	<input type="checkbox"/> Corporation	[] Division	NAME OF PARENT COMPANY		PHONE NUMBER	
		[] Subsidiary	ADDRESS	CITY	STATE ZIP CODE	
	<input type="checkbox"/> Partnership	STATE	OFFICER #1	OFFICER #2	OFFICER #3	
	<input type="checkbox"/> Proprietorship	OWNER'S NAME		SOCIAL SECURITY NUMBER		HOME PHONE NUMBER
		OWNER'S HOME ADDRESS		CITY	STATE	ZIP CODE
	TYPE OF BUSINESS		SALES TAX EXEMPT -- YES OR NO (ATTACH COPY OF EXEMPTION CERTIFICATE)		YEARS IN BUSINESS	
	NAME AND PHONE NUMBER OF CONTACT PERSON REGARDING TAX INFORMATION:					
NAME:		PHONE NUMBER	E-MAIL ADDRESS			
FEDERAL TAX ID NUMBER		DUNS NUMBER	SIC CODE	PRESIDENT		
BANK & TRADE REFERENCES	NAME OF BANK		NAME OF BANK CONTACT		ACCOUNT NUMBER	
	PHONE NUMBER	MAILING ADDRESS OF BANK		CITY	STATE ZIP CODE	
	COMPANY NAME	ADDRESS		PHONE NUMBER	FAX NUMBER	
FINANCIAL STATEMENTS	[] ATTACHED AUDITED <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX RETURNS <input type="checkbox"/> YES <input type="checkbox"/> NO			
	[] SENT DIRECTLY TO CREDIT DEPARTMENT					
	[] ATLAS OIL MAY REQUEST FROM:		NAME		PHONE NUMBER	

The information provided to Atlas Oil, Inc. on this application by the applicant(s) and any other information provided to Atlas, including any financial statement(s) is warranted to be accurate, complete, and true and shall be the property of Atlas. Atlas is authorized to investigate the applicant(s) credit and employment history and to answer questions about its credit experience with the applicant(s). If invoices are not paid when due, the applicant agrees to pay a late payment charge of 1.5% per month on the unpaid balance (Annual percentage rate of 18%) or the maximum rate allowed by law, whichever is less. Payments which are returned will be assessed a \$75 penalty. The applicant(s) agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by Atlas in collecting past due accounts. The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family, or household purposes. The undersigned certifies that he/she is authorized by company to bind said company to this agreement.

SIGNED: _____ **TITLE:** _____ **DATE:** _____
 Applicant and Signatory acknowledges receiving an exact copy of this Application, and in consideration of the granting of credit: (1) agrees and acknowledges that it contain Limited Warranties and Disclaimers; (2) agrees to be bound by the terms and conditions set forth in this Agreement; and (3) agrees that the person who signs this Application has the authority to do so on behalf of Applicant and/or parent company, and personally guarantees all present and future extension of credit. If you questions, please contact your sales representative.

GUARANTOR SIGNATURE: _____ **SOCIAL SECURITY #:** _____ **DATE:** _____