

CREDIT APPLICATION

RETURN COMPLETED APPLICATIONS TO:

Credit@AtlasLift.com

OR

Fax: (847) 678-9557

Submitted By: _____

- Atlas Toyota Material Handling Atlas West
 Atlas International Lift Trucks Atlas Bobcat
 Atlas Toyota Lift of Minnesota Atlas First Access

Company:	Fed I.D. #:
Address:	Tax I.D. #:
City, State, Zip:	SIC Code:
Phone:	NACIS:
Fax:	D & B #:
President / Owner:	Resale #:
A / P Manager:	A / P Email:
Estimated Amt. Requested:	Year Estimate:
Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC	Type of Business:

PARENT COMPANY (IF SUBSIDIARY)

Company:	Phone:
Address:	City, State:
President / Owner:	Zip Code:

IF SOLE PROPRIETORSHIP

Name:	Soc. Sec #:
Spouse's Name:	Phone:
Address:	Zip Code:
City, State:	

TRADE REFERENCES (MINIMUM OF TWO)

Company:	City, State:	Phone:
Company:	City, State:	Phone:
Company:	City, State:	Phone:

BANK REFERENCES

1. Name:	Contact:	Phone:
Account Numbers:		
2. Name:	Contact:	Phone:
Account Numbers:		

I (We) understand that our account and all purchases are subject to the Seller's terms and conditions, including applicable past-due finance charges 1-1/2% per month or 18% APR, and are subject to change without notice.

I hereby authorize the above Atlas Company indicated to obtain any credit information from any source it may deem necessary to act on this application.

Signed _____ (Applicant's Signature) _____ (Title) _____ (Date)

