



## COMMERCIAL OPEN ACCOUNT CREDIT APPLICATION

1. Please review our [terms and Conditions of sale.](#)
2. Enter all appropriate information requested.
3. Print, sign and date this application and mail to us at the address below.  
(Please include credit references on a separate sheet.)

Fortune 1000 companies simply fax us your credit request and standard credit information sheet.  
Our fax number is (603) 724-6740 Attn: Credit Manager

To expedite initial orders we accept MasterCard, Visa and American Express and Discover cards.



### Business and Billing Information:

Full Legal Business Name:  
Doing Business As or Also Known As:  
Business Phone Number:  
Business Fax Number:  
Address (cannot be a P.O. Box):  
City:  
State:  
ZIP:  
Purchasing Contact Name:  
Purchasing Contact Title:  
Purchasing Contact Email Address:  
Billing Address:  
City:  
State:  
ZIP:  
Billing Phone Number:  
Billing Fax Number:  
Billing Contact Name:  
Billing Contact Title:  
Business Structure:  
Company Annual Revenue:  
Non-Profit?:  
Non-Profit Budget:  
Non-Profit Source of Funding Information:  
No. of Employees:  
Legal Structure:



Franchisee?:  
Taxpayer ID Number:  
Dun and Bradstreet Number (If available):  
In Business Since:  
Number of Locations:  
P.O. Required?:  
Anticipated Monthly Purchase Volume \$:

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**Bank Information**

Bank Name:  
Account Manager Name:  
City:  
State:  
Bank Fax Number:  
Checking Account #:

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**Parent Information (If you are a branch/division/subsidiary)**

Parent Company Name:  
Parent Company Address:  
City:  
State:  
ZIP:

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I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution/s and credit references listed in this credit application to release necessary information to ATP in order to verify the information contained herein or to help establish credit. I have read, understand and agree to ADVANCED THERMOELECTRIC's terms and Conditions of sale.

Printed Name of Authorized Buyer: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_