ATLANTIC CORPORATE INTERIORS, INC. CUSTOMER CREDIT APPLICATION

Date:			
Name and Address:	Billing A	Billing Address:	
Telephone Number:		x Number:	
Federal ID #:		ıns #:	
Type of Firm:Propriet			
If Incorporated, State of Incor	poration:		
Date Started:	Business Descr	iption:	
Amount of Credit Requested:			
Customer Contact:	Phone Number:		
Billing/Project Contact:	Pł	one Number:	
A/P Contact:	Phone Number:		
TAX EXEMPT?If	yes, attach tax exempt	certificate	
Bank References:			
Bank	Location	Acct#	
Contact	Phone#		
Trade References:			
Name	Account #	Phone #	
Name	Account #	Phone #	
Name	Account #	Phone #	
I authorize the bank and trade re Interiors, Inc. or its agent releva			
Authorized Signature:		Date:	

Atlantic Corporate Interiors, Inc. (Revised March 2002)