

ATOC Technologies, Inc.

23. S. High Street
 P.O. Box 36
 Covington, Ohio 45318
 Phone: (937) 473-2840
 Fax: (937) 473-2862

COMPLETING THE APPLICATION

BLOCK A. APPLICANT INFORMATION: List the legal and complete corporate name of the business along with the proper street, billing address, name and phone number of the contact person.

BLOCK B. PRINCIPALS INFORMATION: Principals can be major stockholders in a corporation, owner in a proprietorship, partners, etc. Be certain to list all major principals and social security numbers.

BLOCK C. BANK INFORMATION: Complete bank information is essential for fast credit approval. All account numbers should be provided along with a contact person and a phone number. If possible, avoid listing toll-free bank numbers unless they are the only numbers available. If the company has switched banks in the past two years, please provide previous bank information.


BLOCK D. TRADE REFERENCES: This section must be completed for the application to be processed. A trade reference is a company that the customer does business with on a credit basis. At least two trade references must be given. Do not list credit card companies or utilities, as they will not release credit information.

BLOCK E. CREDIT RELEASE

AUTHORIZATION: Please sign this blank located at the bottom of the application to allow us to obtain the necessary credit information.

The credit application should be faxed or mailed to ATOC for approval. ATOC Technologies, Inc. will review the application and advise if additional credit information is required. ATOC's fax number is (937) 473-2862.



BLOCK A APPLICATION FOR CREDIT							
PLEASE CHECK ONE	<input type="checkbox"/> PROPRIET	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORP	FED TAX ID (DDDD)	SALES TAX EXEMPT NO.	TYPE OF BUSINESS	DATE ESTABLISHED
CUSTOMER NAME	LEGAL NAME OF BUSINESS			CITY, STATE, ZIP			
BUSINESS STREET ADDRESS				BUSINESS PHONE NO.		BUSINESS FAX NO.	
<small>ONE BUSINESS ADDRESS IS ESSENTIAL FOR FAST CREDIT APPROVAL. PLEASE CHECK ALL THAT APPLY. PLEASE PRINT CLEARLY AND LEGIBLY. SIGNATURE MUST BE SIGNATURE OF OFFICER.</small>							
OWNER'S FULL NAME				NAME			
ADDRESS				ADDRESS			
BLOCK B				ADDRESS			
PHONE ()				PHONE ()			
SS#				SS#			
DRIVER'S LICENSE #				DRIVER'S LICENSE #			
BLOCK C				BANK REFERENCE			
NAME				CHECKING			
ADDRESS				SAVINGS			
CITY				LINE OF CREDIT			
PHONE ()				LOAN			
PERSON CONTACTED							
NO. OF YEARS DOING BUSINESS							
BANK REFERENCE				ACCOUNT NUMBER			
NAME				CHECKING			
ADDRESS				SAVINGS			
CITY				LINE OF CREDIT			
PHONE ()				LOAN			
PERSON CONTACTED							
NO. OF YEARS DOING BUSINESS							
BLOCK D				TRADE REFERENCE			
NAME				NAME			
ADDRESS				ADDRESS			
CITY				CITY			
PHONE ()				PHONE ()			
TRADE REFERENCE				TRADE REFERENCE			
NAME				NAME			
ADDRESS				ADDRESS			
CITY				CITY			
PHONE ()				PHONE ()			
Information Provided By							
 ATOC Technologies, Inc. 9475 St. Rt. 36 P.O. BOX 36 Covington, Ohio 45318				BLOCK E OFFICERS SIGNATURE OFFICER BY: X _____ SIGNATURE OFFICER BY: X _____ SIGNATURE DATE: _____			

Credit Application

APPLICATION FOR CREDIT

PLEASE CHECK ONE	PROPRIET. <input type="checkbox"/>	PARTSH. <input type="checkbox"/>	CORP. <input type="checkbox"/>	FED TAX NO. (CORP.)	SALES TAX EXEMPT NO.	TYPE OF BUSINESS	DATE ESTABLISHED
CUSTOMER NAME _____					CITY, STATE, ZIP _____		
BUSINESS STREET ADDRESS _____					BUSINESS PHONE NO. () _____		BUSINESS FAX NO. () _____

FOR PROPRIETORSHIP, PARTNERSHIPS AND CLOSE CORPORATIONS, PLEASE SHOW NAMES, RESIDENCE ADDRESSES, PHONE NO. OF PRINCIPALS OR OFFICERS

NAME _____

ADDRESS _____

ADDRESS _____

PHONE () _____

SS# _____

DRIVER'S LICENSE # _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE () _____

SS# _____

DRIVER'S LICENSE # _____

BANK REFERENCE

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE () _____ ZIP _____

PERSON CONTACTED _____

NO. OF YEARS DOING BUSINESS _____

ACCOUNT NUMBER

CHECKING _____

SAVINGS _____

LINE OF CREDIT _____

LOAN _____

BANK REFERENCE

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE () _____ ZIP _____

PERSON CONTACTED _____

NO. OF YEARS DOING BUSINESS _____

ACCOUNT NUMBER

CHECKING _____

SAVINGS _____

LINE OF CREDIT _____

LOAN _____

TRADE REFERENCE

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE () _____ ZIP _____

TRADE REFERENCE

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE () _____ ZIP _____

TRADE REFERENCE

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE () _____ ZIP _____

OFFICERS SIGNATURE

OFFICER

BY: X _____
SIGNATURE

OFFICER

BY: X _____
SIGNATURE

DATE: _____

Credit terms upon approval of application: Net 30 Days (from invoice date)



ATOC Technologies, Inc.
 23 S. High Street
 P.O. BOX 36
 Covington, Ohio 45318