



**Advanced Charger Technology, Inc.  
Credit Application**

Please complete and return to: Advanced Charger Technology, Inc.  
6500 McDonough Drive, D-7  
Norcross, GA 30092  
Telephone: 770-263-6337  
Fax: 770-263-9155  
Attention: Credit Department

Application for: \_\_\_\_\_ Terms \_\_\_\_\_ COD Company Check/Wire Transfer

Requested Credit Limit \$ \_\_\_\_\_

Have you ever applied for credit with Advanced Charger Technology, Inc. before?

\_\_\_\_\_ Yes \_\_\_\_\_ No

DUNS# \_\_\_\_\_

**Company Information**

Company or Corporation Name		Telephone#		Fax#
Billing Address		City	State	Zip Code
Primary Shipping Address		City	State	Zip Code
Accounts Payable Contact & Telephone#			Controller's Name and Telephone#	
Date Company Started	Annual Sales Volume		Number of Stocking Locations	
Resale Sales Tax # Required (Attach Certificate)	Do you require the use of Purchase Orders? _____ Yes _____ No		Are Financial Stmt's Available? _____ Yes _____ No If yes, please attach.	
Business is:  ____ Corporation ____ Partnership ____ Proprietorship ____ Other	State of Incorporation		Subsidiary of (if applicable):	
	Sole Proprietor		Home Phone#	
	Address		Social Security#	

**Authorized Purchasing Agents**

Name	Title
Name	Title

**Banking Information**

1st Bank Name	Contact Name	Telephone#
Address(P.O. Box or Street, City, State and Zip)		Date Account Opened
Checking Account #	Savings Account #	Loan #
2nd Bank Name	Contact Name	Telephone#
Address(P.O. Box or Street, City, State and Zip)		Date Account Opened
Checking Account #	Savings Account #	Loan #

**Credit References**

Company Name	Contact Name	Telephone#
Address(P.O. Box or Street, City, State and Zip)		Account Number
Company Name	Contact Name	Telephone#
Address(P.O. Box or Street, City, State and Zip)		Account Number
Company Name	Contact Name	Telephone#
Address(P.O. Box or Street, City, State and Zip)		Account Number

**Credit Card Information(if applicable)**

Company Name	Authorized Signature's Name and Title
Street address, City, State and Zip	
Telephone#	Advanced Charger Technology, Inc. Customer ID#
Bank Name and Type of Card	Account#
Name as it appears on the Card/Account	Expiration Date
Billing Street Address, City, State and Zip	

**Company Officer Information**

Officer Name	Title	Home Phone
Address(P.O. Box or Street, city, state and Zip)		Social Security #
Officer Name	Title	Home Phone
Address(P.O. Box or Street, city, state and Zip)		Social Security #

Credit Agreement: Everything in this Agreement is true and complete, and I am authorized to fill out this Agreement and sign below for the Company shown above. I understand that Advanced Charger Technology, Inc. may investigate my financial status and the Company's financial status further, and request other other documents or references from us. This is our authorization to contact the references provided so that information may be obtained to consider granting credit privileges to us. We believe our company is financially able to meet any commitments we have made and we intend to pay promptly in accordance with the payment terms indicated on Advanced Charger Technology, Inc. invoices. If it is found that information on this application is untrue, all credit may end immediately, and all account balances become immediately due and payable. Should those terms now or at any future date include a service charge for late payment dat include a service charge for late payment or collection and attorney fees in the event of legal action, we agree to pay such charges. In addition, my signature below signifies my approval for my Bank and creditors to respond to any credit inquiries regarding this application. I understand that these terms are accepted by the Company by my submitting the Credit Application to Advanced Charger Technology, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_