



Atlantis Credit Information

Business Information: (Please complete all applicable informational fields)

Business Name:	State Business Formed In:
DBA / Trading As:	Corporation <input type="checkbox"/>
Business Street Address:	Sole Proprietorship <input type="checkbox"/>
P.O. Box:	Other Business Entity <input type="checkbox"/> Please List
City:	Partnership <input type="checkbox"/> List Partners Below and Ownership %
State: Zip:	
Business Phone Number:	
Business Fax Number:	
Name of principal Officer or Partner:	Federal Tax Identification #:
E-Mail Address:	State Tax Identifications #:

Personal Information: (Please complete all applicable informational fields)

Owner Name:	Home Phone Number:
Social Security Number:	Home Fax Number:
Home Street Address:	Cell Phone #:
P.O. Box:	Drivers License # & State of Issue:
City:	Education: <input type="checkbox"/> High School, <input type="checkbox"/> College, <input type="checkbox"/> Graduate Degrees:
State: Zip:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Name Country:
Date of Birth:	Other Information:
Spouse Name:	Spouse Social Security Number:
Spouse Date Of Birth:	Other Information:

Business Banking Information: (Please complete all applicable informational fields)

Bank Name:	Name on Bank Account:
Bank Street Address:	Bank Phone Number:
Bank City, State, Zip Code	Bank Account #:
Bank Contact Name:	Bank Routing # / ABA #



GENERAL INFORMATION -

If answered yes please explain:

Are any assets held in Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the company ever had repossession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the company ever filed bankruptcy or had a judgment against it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the company ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the company currently a party to any claim or suits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there been an IRS audit in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has the audit been settled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Financial Statements:

In order for Atlantis to extend a credit facility, it is a requirement that Atlantis receive the following:

- Your most current year-end financial statements, encompassing an Income Statement, Balance Sheet, Cash Flow Statement and applicable notes for the last 2 years or your last 2 years tax returns.
- Copy of the state issued company registration certificate or the copy of certificate of incorporation.

**Mailing Address: Atlantis Management Group
 Attention: Credit Department,
 555 South Columbus Ave Suite 201,
 Mt. Vernon, NY 10550**

**Phone : 914-699-9500
 Fax: 914-699-9400**

I acknowledge that the above information is true and accurate, I further authorize Atlantis Management Group II, LLC (“Atlantis”) and/or its affiliates, permission to contact suppliers, financial institutions and/or credit reporting agencies and such suppliers, institutions and agencies to release all credit related information to Atlantis. Atlantis is relying upon all the information and data submitted as a material factor in considering application for credit, in the event there are any material changes in any of the information supplied to Atlantis, you or a company representative will promptly notify Atlantis of the changes.

Date Submitted	Submitted by: (Please Print)	Signature:	Phone Number



**AUTHORIZATION FOR ATLANTIS AND OR AFFILIATES
TO INITIATE ELECTRONIC FUND TRANSFERS (EFTs)**

As a convenience to us, we authorize Atlantis Management Group II, LLC (“Atlantis”) its successors and assigns and/or any present or future subsidiaries and affiliates to initiate electronic fund transfers (EFTs) to be debited to the bank account listed below for the purpose of payment against invoices due Atlantis. We acknowledge invoices will be drafted on the due date as specified on each invoice, unless notification is made to Atlantis at least one day prior to the draft. We agree to notify Atlantis of any bank account change, and agree that our responsibility for each draft will be the same as if initiated by ourselves. This agreement will remain in effect until revoked by us in writing.

Approximate Effective Date: _____ Customer Name: _____
Bank Name: _____ Address: _____
Bank Address: _____ Customer #: _____
ABA / Routing #: _____ Contact Name: _____
Account #: _____ Contact Phone: _____

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Date: _____ Name of person authorizing draft: _____
Phone # _____ Customer Signature/Authorization: _____

All invoices, credit card summaries and payment confirmations will be delivered via the E-mail or Internet Portal System

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PLEASE ATTACH / ENCLOSE A VOIDED CHECK

PLEASE RETURN THIS VIA FAX TO Credit Department at 914-699-9400