



Atlantic Lock Supply Application for Corporate Credit

Company Name:
 Address:
 City:
 State:
 Zip code:
 Type of Business:

Federal Tax ID:
 Years in Business:
 Website:

Primary Contact Information

Name:
 Phone:
 Email:
 Position:
 Hours:

Accounts Payable Contact

Name:
 Phone:
 Email:
 Hours:

References:

Company	Contact Name	Phone	Years of relationship	Date of last transaction

Please fax a copy of this application to (401) 831-4226 attention Jillian. Standard terms are Net 30. Terms may be negotiable once references are verified. Our office may be contacted Monday-Friday 9am-5pm EST at (401) 273-7233.

39 Greenville Avenue Johnston, RI 02919
Phone: (401) 273-7233·Fax: (401) 831-4226