



# A.T Distribution, Inc.

6051-C Lakeview Road, Charlotte, NC 28269  
Tel : (704) 405-2800 Fax : (704) 405 2141

Website: [www.atd-inc.com](http://www.atd-inc.com) Salesperson: \_\_\_\_\_

## Company Information:

## Wholesale Application

Company Name		<u>Dun &amp; Bradstreet #</u>		
Billing Address	City	State	Zip	No. Years in Business
Telephone	Fax	Contact Person	Email Address	
Shipping address if different from billing		City	State	Zip
<b>Terms:</b> Business must be 2 years old and have done business with ATD for 6 mos. and Terms must be approved upon Credit History Evaluation				
Co. Check	C.O.D	Credit Card	Net Terms	7 15 21 30
<small>Must accompany copy of voided check</small>				
Proprietorship	Partnership	Corporation	Non Profit	

## Bank & Trade References:

<b>Bank Reference</b> (Must Have 2 Year History)		<b>1. Trade Reference</b> (Must Have 2 Year History)	
Name of Bank	Acct #	Name	Acct #
Street		Street	Contact Person
City, State, ZIP		City, State, ZIP	
Contact Person and Telephone	Fax	Telephone	Fax
<b>2. Trade Reference</b> (Must Have 2 Year History)		<b>3. Trade Reference</b> (Must Have 2 Year History)	
Name	Acct #	Name	Acct #
Street	Contact Person	Street	Contact Person
City, State, ZIP		City, State, ZIP	
Telephone	Fax	Telephone	Fax

## Personal Data (Guarantor required on all request)

1st Guarantor		2nd Guarantor	
Name	Title	Name	Title
Home Address (Street)		Home Address (Street)	
City, State, ZIP	Telephone	City, State, ZIP	Telephone
Drivers License #	Social Security #	Drivers License #	Social Security #

## Applicant Authorization to Release Information

The undersigned authorizes and instructs any person, consumer-reporting agency or banking institution to compile and furnish AT Distribution, Inc. with any information it may have in response to this inquiry. The undersigned further states that all information stated above are true and complete statements and are made for the sole purpose of opening an account with AT Distribution, Inc.

Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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## AUTHORIZATION TO RELEASE CREDIT INFORMATION

**To: (Your Bank)**

**Regarding: (Your Company)**

_____	_____
_____	_____
_____	_____

Bank Contact Name : \_\_\_\_\_

Phone#: (\_\_\_\_\_) \_\_\_\_\_ Fax#: \_\_\_\_\_

Checking Account# \_\_\_\_\_ Saving Account # \_\_\_\_\_

Loan Account# \_\_\_\_\_ Other Account # \_\_\_\_\_

Our company, \_\_\_\_\_, hereby authorizes the bank to release credit information on the account/ accounts listed herein to AT Distribution Inc. (ATD). We are in the process of establishing credit with ATD. Please provide ATD with the complete information by fax or mail to expedite our credit application.

I/ We understand that this information will be kept in the strictest confidence between your organization and ATD.

_____	_____	_____
Authorized Signature	Print Name & Title	Date

### **BANK USE ONLY :**

Checking Account #		Saving Account #	
Date opened		Date opened	
Current Balance		Current Balance	
Average Balance		Average Balance	
Rating	Excellent ( ) Good ( ) Satisfactory ( ) Not Satisfactory ( ) Poor ( )		
Comments:			
NSF Records:			
Preparer's Name and Title		Tel# ( )	Date

**PLEASE MAIL OR FAX TO:**

**AT Distribution Inc.  
6051-C Lakeview Road,  
Charlotte, NC 28269.  
Tel: (704) 405 2800  
Fax: (704) 405 2141  
Attention: Credit Department**



# A.T. Distribution, Inc.

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## **Credit Card Permission** **(Signature on File)** **(Mail Order)**

The corporate account and/or cardholder listed below hereby agrees to give AT Distribution, Inc. (ATD) the permission to apply purchases, shipping/freight, and/or handling charges whichever may apply to the below listed account. The use of this card will be for orders placed via phone and/or fax to be shipped the day the order is placed, provided inventory and time allowing shipment processing. The corporate account and/or cardholder listed below requesting the pick-up of any order placed via phone and/or fax must present identification providing proof of authorization or arrange another form of payment. Only the cardholder and/or authorized company official(s) are allowed to purchase on the below listed card. Any other user name(s) and identification must be provided with this form. The shipping address, if different than the billing address of the below listed card must be confirmed with each individual order, provided by the cardholder via fax.

<b>Customer Name</b>	
<b>Cardholder Name</b>	
<b>Card Type: (circle one)</b>	<b>Visa / Master Card / AMEX</b>
<b>Card Number</b>	
<b>Expiration Date</b>	
<b>Billing Address</b>	

<b>Authorized user</b>	<b>Name</b>	<b>Id</b>	<b>Signature</b>

I have read and understand the policy stated above governing credit card permission.

<b>Cardholder Signature</b>		<b>Date</b>
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**Please include a copy of a photo Id for each authorized user of this account.**

NORTH CAROLINA DEPARTMENT OF REVENUE  
SALES AND USE TAX DIVISION  
P. O. BOX 25000  
RALEIGH, N. C. 27640--0001

**C E R T I F I C A T E O F R E S A L E**  
(FOR USE ONLY BY REGISTERED RESIDENT AND NONRESIDENT RETAIL AND/OR WHOLESALE MERCHANTS)  
(NOT VALID IF SIGNED BY A CONTRACTOR)  
(INSTRUCTIONS ON REVERSE SIDE)

**TO: AT Distribution 6051-C Lakeview Road Charlotte, N.C. 28269**

I (We), the undersigned, do hereby certify that the tangible personal property which I (we) purchase from you is, or will be, purchased as for resale except that if I (we) purchase tangible personal property of the type that is used or will be used by me (us), you are directed to charge the retail tax thereon. I (We), by executing this certificate, assume liability for sales and use tax due on all said tangible personal property purchased as for resale and agree, when same is sold at retail or is withdrawn from stock and used or consumed by me (us), to remit such tax to the North Carolina Department of Revenue, Sales and Use Tax Division, Raleigh, N. C., or other taxing jurisdiction as required by statute. This certificate is not to be used to obtain tangible personal property, which is for use except as provided in Instruction 4 on the reverse side of this form. It is to remain in full force and effect until I (we) revoke same in writing.

\_\_\_\_\_  
(Type of Business Operated by Purchaser)

\_\_\_\_\_  
(Type of Merchandise Sold)

\_\_\_\_\_  
(Trade Name)

\_\_\_\_\_  
(Name of Owner)

\_\_\_\_\_  
(Street Location)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(North Carolina Sales and Use Tax Registration Number)

\_\_\_\_\_  
(If a Nonresident Merchant as Defined in Instruction 1, Enter Out--of--State Registration Number)

\_\_\_\_\_  
BY: (Owner, Partner, or Authorized Corporate Official) (Title) (Date)

Any person who willfully attempts, or any person who aids or abets any person to attempt in any manner to evade or defeat any tax imposed by the statute, or the payment thereof, shall, in addition to other penalties provided by law, be guilty of a Class I felony punishable by imprisonment up to five years, a fine up to twenty--five thousand dollars (\$25,000), or both. If there is a deficiency or delinquency in payment of any tax due to fraud with intent to evade the tax, there shall be assessed, as a penalty, an additional tax equal to 50% of the total deficiency. For each misuse of a certificate of resale by a purchaser, the Secretary shall assess against the purchaser an additional tax, as a penalty, of two hundred fifty dollars (\$250.00). See Instruction 5 on the reverse side of this form. This certificate is to be signed by the owner of the business or a partner in the case of a partnership or, if a corporation, by an authorized official of the corporation