



ATLANTA
BLOWER DOOR

Credit Application

Business Name: _____ Telephone #: _____

Officer or Authorized Agent: _____ Position: _____

Business Address: _____ Apt. /Suite #: _____

City: _____ State/Zip: _____ Email: _____

Employer Id Number EIN: _____ - _____ Or Agent S.S. #: _____

Bank Information

Name of Bank: _____ Branch: _____

Bank Contact: _____ Telephone #: _____

Requested Credit Amount: _____ Type of Account: ___ Checking ___ Savings

Have you ever filed for bankruptcy before? ___ Yes ___ No

Have you ever defaulted in payment of credit before? ___ Yes ___ No

If yes, please explain: _____

3 Business References

Name: _____ Address: _____

Tel: _____ Email: _____

Name: _____ Address: _____

Tel: _____ Email: _____

Name: _____ Address: _____

Tel: _____ Email: _____

The undersigned representative hereby authorizes Atlanta Blower Door to Contact your References and Bank prior to approval and set-up of Business Account. Additional Authorizations to release information may be required. Please allow 7-10 business days for review of credit application.

Authorized Signature(s): _____ **Date:** _____



ATLANTA
BLOWER DOOR

Credit Card Authorization Form

Business Name: _____ Telephone #: _____

Name on Card: _____

Card Type: (circle one) Visa Mastercard AMEX

Card Number: _____

CVV# _____ Exp Date: _____

Billing Address for credit Card: _____

Apt. /Suite #: _____ City: _____ State/Zip: _____

Email: _____

I hereby authorize Atlanta Blower Door LLC to Charge the credit card listed in the amount set forth on the pricing information worksheet per actual work performed if payment for services is not received within 30 days of invoice.

Authorized Signature: _____ **Date:** _____