



ATLAS CONSTRUCTION SPECIALTIES COMPANY, INC.

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 www.atlasconstspec.com
 FAX (206) 284-2114

CREDIT INFORMATION

FAX TO (206) 284-2114

FIRM NAME _____	OUR LEGAL ENTITY IS
ADDRESS _____	<input type="checkbox"/> CORPORATION
CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> CO-PARTNERSHIP
TYPE OF BUSINESS _____ SINCE _____	<input type="checkbox"/> PROPRIETORSHIP
TELEPHONE () _____ FAX () _____	
FEDERAL TAX ID# _____ TAX REGISTRATION # _____	
BONDING LIC. # _____ CONTRACTOR LICENSE # _____	

IF CORPORATION, LIST NAMES OF OFFICERS AND TITLES. IF OTHER ENTITY, LIST NAMES OF OWNERS

NAME _____	ADDRESS _____	CITY & STATE _____	ZIP _____
NAME _____	ADDRESS _____	CITY & STATE _____	ZIP _____
NAME _____	ADDRESS _____	CITY & STATE _____	ZIP _____
WE BANK AT _____	BRANCH _____	CONTACT PERSON _____	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> SAVINGS	TELEPHONE () _____	

THE FOLLOWING ARE CURRENT TRADE REFERENCES

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE ()	TELEPHONE ()	TELEPHONE ()
FAX #	FAX #	FAX #

WE ARE A NEW BUSINESS ~ MY LAST EMPLOYERS WERE

NAME _____	ADDRESS _____	CITY & STATE _____	ZIP _____
NAME _____	ADDRESS _____	CITY & STATE _____	ZIP _____

STATEMENT OF TERMS: 2% - 10th Net 30 Days from date of invoice. 2% service charge after 10th of month. In the event of default of account, the entire balance owing, plus any accrued service charges become due and payable in full on demand. In the event that collection procedures become necessary, recipient agrees to pay all collection costs, reasonable attorney fees, and/or court fees.

OUR FIRM IS FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE WILL MAKE AND WE EXPECT TO PAY YOUR INVOICES ACCORDING TO YOUR TERMS:

SIGNED BY _____ TITLE _____ DATE _____

RESALE CERTIFICATE

All blanket resale certificates must be renewed at intervals not to exceed four years.

FIRM NAME _____ Effective _____ Through _____

- Name of Seller _____
- Name of Buyer/Business _____
- Address of Buyer _____
- Buyer's UBI/Revenue Registration Number _____ STREET _____ CITY/STATE _____ ZIP _____
- Buyer is in the business of _____
- Types of items purchased for resale _____

I (the buyer) certify that I am purchasing the items listed on line 6 (please check appropriate box):

for resale in the regular course of business without intervening use in the regular course of business.

for use as an ingredient or component part of a new article of tangible personal property to be produced for sale.

as a chemical to be used in processing a new article of tangible personal property to be produced for sale.

for use as feed, seed, seedlings, fertilizer, or spray materials in my capacity as a farmer

I acknowledge that I am solely responsible for purchasing within the categories listed on line 6. I acknowledge that misuse of the resale privilege claimed by use of this certificate subjects me to a penalty of 50 percent of the tax due, in addition to the tax, interest and any other penalties imposed by law.

Signature _____ Print Name _____

SIGNATURE OF PERSON AUTHORIZED TO USE RESALE CERTIFICATE NAME OF PERSON AUTHORIZED TO USE RESALE CERTIFICATE