

# ATLAS ORGANICS

PO BOX 5065, SPARTANBURG, SC 29304 PHONE:  
(864) 278 - 2322

[ACCOUNTS.RECEIVABLE@ATLASORGANICS.NET](mailto:ACCOUNTS.RECEIVABLE@ATLASORGANICS.NET)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ATLAS ORGANICS SITE LOCATION: \_\_\_\_\_

**THE FOLLOWING APPLICATION IS FOR THE PURPOSE OF OBTAINING CREDIT. ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.**

\_\_\_\_\_  
NAME OF BUSINESS ( ) BUSINESS PHONE ( ) BUSINESS FAX

\_\_\_\_\_  
STREET ADDRESS PO BOX CITY STATE ZIP

\_\_\_\_\_  
EMAIL ADDRESS BILL TO ADDRESS SHIP TO ADDRESS

\_\_\_\_\_  
DATE BUSINESS STARTED \$ BUSINESS NET WORTH / / DATE AS OF

\$ \_\_\_\_\_  
CREDIT LIMIT REQUESTED FEDERAL TAX ID #

TYPE OF BUSINESS (PLEASE CIRCLE): PROPRIETORSHIP / PARTNERSHIP / CORPORATION \_\_\_\_\_  
DESCRIPTION

\_\_\_\_\_  
NAME OF PRINCIPAL OR OWNER TITLE

\_\_\_\_\_  
HOME ADDRESS CITY STATE ZIP ( ) PHONE

## NAME AND TITLE OF CONTACT PERSON(S) FOR THIS ACCOUNT

\_\_\_\_\_  
CONTACT NAME/TITLE ( ) BUSINESS PHONE EMAIL

\_\_\_\_\_  
CONTACT NAME/TITLE ( ) BUSINESS PHONE EMAIL

\_\_\_\_\_  
CONTACT NAME/TITLE ( ) BUSINESS PHONE EMAIL

## BANK REFERENCE

\_\_\_\_\_  
OPERATING BANK ACCOUNT # LOAN OFFICER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP ( ) PHONE

## TRADE OR BUSINESS REFERENCES

\_\_\_\_\_  
BUSINESS NAME ( ) BUSINESS PHONE EMAIL

\_\_\_\_\_  
ADDRESS PO BOX CITY STATE ZIP

\_\_\_\_\_  
BUSINESS NAME BUSINESS PHONE EMAIL

\_\_\_\_\_  
ADDRESS PO BOX CITY STATE ZIP

\_\_\_\_\_  
BUSINESS NAME BUSINESS PHONE EMAIL

\_\_\_\_\_  
ADDRESS PO BOX CITY STATE ZIP

**BUSINESS AGREEMENT**

Applicant hereby applies to Atlas Organics, Inc. to open a commercial charge account in Applicant's name and hereby requests Atlas Organics, Inc. from time to time to extend credit to enable Applicant to purchase merchandise from Atlas Organics, Inc. As an inducement to Atlas Organics, Inc. to extend credit, and inconsideration of Atlas Organics, Inc. agreeing to Applicant, Applicant states as follows:

Applicant represents and warrants that (a) all credit information given in connection with the Application and Business Agreement is true and correct as of the date hereof, and (b) it is financially able to comply with all payment terms specified herein or in any invoice from Atlas Organics, Inc. and/or subsidiaries and such representation shall be deemed remade each time Applicant accepts credit from Atlas Organics, Inc. If Applicant pays invoices with a check and the check is returned from Applicant's bank unpaid for any reason, Applicant will pay a service charge of \$30.00.

This Business Agreement shall be a continuing agreement and shall apply to each purchase for which Applicant does not pay in full at the time of delivery. Applicant agrees and accepts that Atlas Organics, Inc. can change, amend, terminate, or restrict any of the terms of this Business Agreement at any time. Applicant will pay all expenses, including reasonable attorney's fees, incurred by Atlas Organics, Inc. in enforcement of this Business Agreement and the collection of any charges due hereunder. Applicant agrees to pay interest on all past due invoices at the rate of 18% per annum.

This information is given in strict confidence for the sole purpose of establishing an open account with Atlas Organics, Inc. I hereby authorize Atlas Organics, Inc. to request and obtain credit information from any of my trade, bank, and financial references concerning the status of my business and credit.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTEE**

In order to induce Atlas Organics, Inc. to extend credit to Applicant, the Guarantor signing below jointly, severally and unconditionally guarantee the prompt payment of any sums advanced by Atlas Organics, Inc. pursuant to this agreement, together with any lawful charges of Atlas Organics, Inc. made pursuant hereto. Guarantor hereby waives notice of acceptance of this guarantee by Atlas Organics, Inc. as to present or future obligations, indebtedness and liability of the Applicant to Atlas Organics, Inc. and Guarantor waives presentment, notice of default, and notice of dishonor as to each and all items constituting the indebtedness or obligation hereby guaranteed and Guarantor consents to any modification or renewal of the credit agreement hereby guaranteed.

The undersigned hereby consent(s) to Atlas Organics, Inc. use of a non-business credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principle, proprietor, and/or guarantor in connection with the extension of business credit as contemplated in this application. The undersigned hereby authorize Atlas Organics, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as an individual hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C@1681 et seq..

GUARANTOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**BILLING INFORMATION CASH/CHECK ON DELIVERY CUSTOMERS**

CHECK IF NO CREDIT IS BEING REQUESTED: \_\_\_\_\_

TYPE OF BILLING REQUESTED (PLEASE CIRCLE):

CREDIT CARD NET 0 / CASH/CHECK ON DELIVERY NET 0

CREDIT CARD INFORMATION (IF APPLICABLE):

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV CODE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

SECONDARY CREDIT CARD INFORMATION (IF APPLICABLE):

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV CODE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

TERTIARY CREDIT CARD INFORMATION (IF APPLICABLE):

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV CODE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**BILLING INFORMATION CREDIT CUSTOMERS**

TYPE OF BILLING REQUESTED (PLEASE CIRCLE):

CREDIT CARD NET / CASH/CHECK NET

PRIMARY CREDIT CARD INFORMATION (IF APPLICABLE):

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV CODE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

SECONDARY CREDIT CARD INFORMATION (IF APPLICABLE):

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV CODE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

TERTIARY CREDIT CARD INFORMATION (IF APPLICABLE):

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV CODE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

# ATLAS ORGANICS

## Atlas Organics, Inc. - Credit Card Authorization Form

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PO Box 5065  
Spartanburg, SC 29304  
(864) 278-2322  
accounts.receivable@atlasorganics.net

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Company Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_, am \_\_\_\_\_ of the company and the authorized cardholder  
(Name) (Title)  
for the credit card listed below and hereby authorize Atlas Organics CU08, LLC to  
charge such card on purchases of services and/or products from Atlas Organics  
CU08, LLC when I am not present.

Please indicate below if this authorization is for a one-time-use, or if Atlas  
Organics CU08, LLC should keep the authorization on file for future purchases:

One-Time-Use

Keep on-file for future purchases

Card Information:

Card Type:

- Mastercard  
 Discover  
 Visa  
 American Express  
 \_\_\_\_\_  
(Other)

\_\_\_\_\_  
Cardholder (Name on Card)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date  
(MM/YYYY)

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
CVV

If you require Atlas Organics, Inc. to collect any other information from the person using the card on the company's behalf, such as DL#, PO#, etc... please indicate such requirements here:

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By signing this form, I agree not to initiate a chargeback proceeding with my credit card company for charges by Atlas Organics, Inc. on the credit card above, and understand that any such chargebacks will constitute a breach of contract. I agree to waive any chargeback rights I may have, and will contact Atlas Organics, Inc. to resolve any dispute regarding charges by Atlas Organics, Inc. on the card.

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(Cardholder Signature)