

CREDIT **APPLICATION**

COMPANY NAME		CONTACT PERSON	ATEL REP
Legal Name	Fist Name	list Name	First Name
nga remic	r ist Name	astivance	rist Name
WEB Site	EXT# BM	ail	Last Name
BILLING ADDRESS		OTHER INFORMATION	
Street		Years in Business:	
City State Zip		Business Nature:	
Tel () Ext		Fed TIN:	
Fax ()		State TIN:	
COMPANY TYPE		COMPANY OF	FICERS
Corporation	Name		Title
Partnership	1		
○ Proprietorship ○	2		
BANK/CREDIT REFERENCES			
Name		Name	
Street		Street	
City State Zip		City	State Zip
Tel () Fax ()_		Tel ()	Fax ()
Acc#		Acc#	
Contact Ext		Contact	Ext
TRADE REFERENCES (Do not indude Mail Co's, Utilities, Subscriptions, etc.)			
Name		Name	
Street		Street	
City State Zip		City	State Zip
Tel () Fax ()_		Tel ()	Fax ()
Acc#		Acc#	
Contact Ext		Contact	Ext
Upon granting of credit, I/We understand and agree that I/We will pay additional charges associated			
with the collection process. They include, but not limited to: 1.5% per month finance charge on past			
due balances; any other reasonable collection fees, court costs, attorney fees, etc.			
I authorize the release of any credit/financial information to ATEL Communications, Inc.			
and to a third party financial services company at ATEL's discretion.			
Authorized Signer:			
Signature PERSONAL GU	Name ARANTEE (Title (HomeAddress is required)	Date
Name		LUNCONDITIONALLY GUARANTY TO PAY: (1) ANY	
Street		COMPANY SHOWN IN "COMPANY NAME" TO ATEL COMMUNICATIONS, INC.; (2) ANY	
City State Zip		OTHER EXPENSES ASSOCIATED WITH THE COLLECTION PROCESS INCLUDING BUT	
Tel () Birthday:/_		NOT LIMITED TO COLLECTION AGENCY FEES, COURT COSTS, ATTORNEY'S FEE, E.T.C.	
SS# DL#		Signature:	Date:

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