

ATI Performance Products, Inc.

6747 Whitestone Road, Gwynn Oak MD 21207 * 410/298 -4343 * Fax 410/298-3579

CREDIT APPLICATION FOR AN INDIVIDUAL

PLEASE TYPE OR PRINT LEGIBLY. COMPLETE ALL SECTIONS.

Date: _____

Credit Desired:\$_____ Purchase Price:\$_____ Down Payment: \$_____

Name: _____ Social Security #: _____

Age: _____ Date of Birth:_____ Phone - Home:_____ Work:_____

Cell Phone:_____ Email Address:_____

Street Address: _____ City:_____

State:_____ Zip: _____ Own?/Rent?_____ How Long?_____

Name of Mortgagee/Landlord: _____

Address: _____

Phone:_____ Mortgage/Rent Payment: \$_____ Month

Your Previous Address: _____

Own?/Rent?_____ How Long?_____ Number of Dependents: _____

APPLICANT'S EMPLOYMENT AND/OR OTHER INCOME

Employer:_____ Occupation:_____ How Long?_____

Address:_____

Phone:_____ Fixed Take Home Income per Month: \$_____ Overtime?_____

Other Income (Alimony, child support or separate maintenance payments need n ot be disclosed unless relied upon for credit.) Describe source, amount, frequency, etc.

Previous Employer: _____ Occupation:_____ How Long?_____

BANK INFORMATION

Bank:_____ Address:_____

Account Numbers – Checking:_____ Savings:_____

BANK INFORMATION – SPOUSE

Bank:_____ Address:_____

Account Numbers – Checking:_____ Savings:_____

CREDIT PLAN TERMS: 25% down, balance over 6 months, 0% per month interest, 0% Annual Percent age Rate.

SPOUSE INFORMATION

- 1. Spouse must sign this agreement.
2. Is applicant relying on spouse's income (or community property) for repayment? Yes ___ No ___
3. Is applicant relying on alimony, child support or se parate maintenance payments from spouse or former spouse for repayment? Yes ___ No ___

Spouse's Name: _____ Social Security # _____
Age: _____ Date of Birth: _____ Phone - Home: _____ Work: _____
Cell Phone: _____ Email Address: _____
Street Address: _____ City: _____
State: _____ Zip: _____
Employer _____ Occupation: _____ How Long? _____
Work Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Fixed Take Home Income per Month: \$ _____ Overtime? _____

CREDIT REFERENCES

Creditor: _____ Acct. # _____
Creditor: _____ Acct. # _____
Creditor: _____ Acct. # _____
Credit Card _____ Acct. # _____
Credit Card _____ Acct. # _____
Make/Year of Car: _____ Monthly Payment if Financed: \$ _____
Driver's License # _____ State Issuing: _____
Closest Relative Not Living with You: (Name, Relationship) _____
Address: _____ Phone: _____

If Self-employed:

Number of Years in Business: _____ Number of Employees: _____ Federal Tax ID # _____
Own/Rent Building? _____ Mortgage/Rent Payment? _____ Gross Sales \$ _____ Net Sales \$ _____

I (We) as applicant(s) for credit authorize ATI to obtain such information, personal and business, as ATI may require from the bank and trade references given in the above application which is furnished by me (us) for the purpose of obtaining credit, and I (we) certify that this application has been accurately completed and represents current data.

In consideration of the granting and extension of credit by Seller to the u ndersigned, it is hereby agreed that the undersigned will promptly pay all sums when due. In the event of non -payment, the undersigned does hereby agree to pay in addition to the principal amounts due, any service charges, all collection charges incurred by the Seller, including charges made by a collection agency up to but not exceeding 30% of the principal balance due and, in the event of suit, reasonable attorney's fees and court costs.

Date Applicant (seal) Print Name

Date Spouse (seal) Print Name

ATI PERFORMANCE PRODUCTS, INC.

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GWYNN OAK , MARYLAND 21207
410/298-4343 * FAX 410/298-3579

PERMISSION TO OBTAIN BACKGROUND REPORTS

As part of the credit application process, ATI Performance Products, Inc. will need to obtain a credit report on the applicant from a credit reporting agency. This information allows us to confirm the information supplied on your credit application.

In compliance with the Fair Credit Reporting Act, we must receive authorization from each credit applicant in order to obtain such reports from a valid third party agency. If the information provided causes ATI to withhold credit, you will be informed of that occurrence. At your written request we will provide you with a copy of the report ATI received from the reporting agency, as well as the information necessary to contact the agency.

Please complete and sign the form which follows, authorizing without reservation any party, including but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions, and private information bureaus or repositories contacted by a third party agency to furnish any or all of the above mentioned information. Your authorization releases the third party entity from any and all liability for damages arising from an investigation, and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees, and other persons who in good faith provide the above mentioned information as requested, in order to successfully complete a background investigation of your application for credit. Your signature allows a photocopy or copy of this authorization to be as valid as the original.

PRINT FULL NAME: _____

DATE OF BIRTH: _____ **SSN:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DRIVER'S LICENSE #: _____

OTHER NAMES USED: _____

GRADUATION – HIGH SCHOOL: _____ **COLLEGE:** _____

APPLICANT SIGNATURE/DATE: _____