SERVICE
SUPPLIES
SATISFACTION

CREDIT APPLICATION

Please fax to 410-488-4555

Company Name:	
Mailing Address:	
Area Code/Telephone No.	Area Code/Fax No.
Federal ID No.	Date Established:

TYPE OF ORGANIZATION: ( ) Corporation ( ) Partnership ( ) Sole Proprietorship

Principals Name:	Title:
Principals Name:	Title:

TRADE REFERENCES

Company Name / Address	Company Name / Address
Area Code / Telephone No.	Area Code / Telephone No.
Company Name / Address	Company Name / Address
Area Code / Telephone No.	Area Code / Telephone No.

BANKING INFORMATION

Bank Name / Address	Area Code / Telephone No.
	Officer Name:
	Account Numbers:

The undersigned agrees to pay all expenses, court costs and attorney fees and other expenses of litigation of preparation thereof resulting from default of payment. Past due accounts are subject to interest charges up to 1-1/2% per month or such amounts as is legally permissible.

The undersigned certifies that all the information on this form is correct; and that he/she fully understands and agrees to proper payment in consideration of extended credit.

Authorized Signature **Title** **Date**