

Credit Application

Please print or type legibly and return completed form by fax at (410) 298-3579 or by mail.

For Company Check OK

For Open Account

Company Information

Firm Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ E-mail: _____

State: _____ Zip: _____ Website: _____

Business Type *If a partnership, this application must be signed by all partners*

Corporation

Partnership

Individual

List principle owners and home addresses, social security numbers, etc. of same.

Type of Business: _____ Total # of Employees: _____

At present location since (date): _____ Year Established: _____

Incorporated or Articles of Partnership filed in the State of: _____

Bank Reference

Name: _____ Account #: _____

Address: _____ Person to Contact: _____

City: _____ State: _____ Zip: _____ Phone: _____

Business License #: _____ Registered under (Name): _____

Financial Information

as of (date): _____ Yearly Sales: \$ _____

Credit Line Needed: \$ _____ Gross Profit: \$ _____

Accounts Receivable: \$ _____ Inventory: \$ _____

Accounts Payable: \$ _____ Cash: \$ _____

Credit References *List only active suppliers - one local and three out-of-state.*

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ E-mail: _____

State: _____ Zip: _____ Website: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ E-mail: _____

State: _____ Zip: _____ Website: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ E-mail: _____

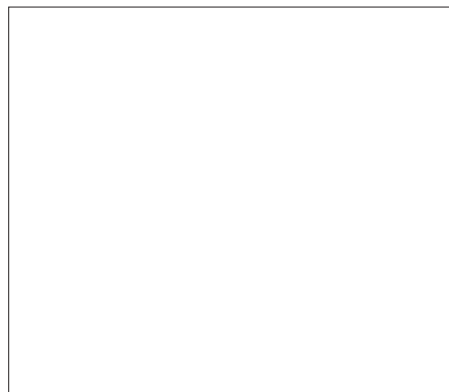
State: _____ Zip: _____ Website: _____

I/We as applicant(s) for credit authorize you to obtain such information, personal and business, as you 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 had been accurately completed and represents current data. In consideration of the granting and extension of credit by Seller to the undersigned, 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 principle amount 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 principle balance due and in the event of suit, reasonable attorney's fees and court costs.

Auth. Signature: _____

Title: _____

Company Name: _____



Corporate Seal

If Incorporated

President: _____

Vice President: _____

Treasurer: _____