



Credit Application

Business Information	
Business Name: _____	Line of Credit Requested: _____
Phone: (____) _____	Fax: (____) _____
Physical Address: _____	City: _____ Zip Code: _____
Mailing Address: _____	City: _____ Zip Code: _____
D/B/A: _____	Federal Tax ID: _____
Tax Exempt Numbers: Maryland _____ Virginia _____ DC _____	
Please attach copy of Exempt Certificates for MD, VA & DC if exempt in these states	
Type of Business: _____	Date Established: _____ Years in Business: _____

Credit Information	
Mortgage Holder/ Landlord: _____	Phone: (____) _____
Address: _____	City: _____ Zip Code: _____
Ownership: <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
Principal: _____	(Name) (Title) (SS #)
Principal: _____	(Name) (Title) (SS #)

Trade References	
Name: _____	Phone: (____) _____ Fax: (____) _____
Name: _____	Phone: (____) _____ Fax: (____) _____
Name: _____	Phone: (____) _____ Fax: (____) _____

Bank References	
Bank Name: _____	Phone: (____) _____ Fax: (____) _____
Address: _____	City: _____ Zip Code: _____
Account No: _____	Contact: _____
Has this company or any of its principals ever filed bankruptcy?	YES NO
If "Yes," Please Explain: _____	

Agreement	
<p>In Consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed and agrees to pay a service charge per month of 2% on all past due balances. In the event any third parties are employed to collect any outstanding balances owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. All deliveries will be subject to a fuel charge and an additional freight charge as applicable. The undersigned represents that he/she has the authority to execute the credit agreement on behalf of the business identified.</p>	
Print Name: _____	Title: _____
Signature: _____	Date: _____

CREDIT DEPARTMENT USE ONLY	
Line of Credit: Approved/ Denied	Amount: _____ Date: _____ Salesperson: Initials _____ Number _____
Comments: _____	