



4621 Boston Way, Suite C, Lanham, MD 20706
301.459.8911 Fax 301.459.8819

APPLICATION FOR CREDIT

(Please print or type)

Firm Legal Name _____ Phone # () _____

Trade Name (if different) _____ Fax # () _____

Address/City/State/Zip _____

Name of Business _____ Dated Established _____

Check One: _____ Corporation _____ Partnership _____ Limited Partnership _____ Sole Proprietor

Federal ID# _____ Social Security # _____

State of Incorporation _____ Date of Incorporation _____ Monthly Credit Requested \$ _____

Has present firm ever done business under other names or at other addresses? _____

Are you exempt from sales tax? _____ Sales Tax Exempt/Resale # _____

(A copy of your exempt or resale certificate must be attached)

Do you require a purchase order for each job processed? _____ Yes _____ No

Please list names of persons authorized to purchase for your company: _____

Accounts Payable Contact: _____ Phone # () _____

Billing Address (if different from above) _____

PRINCIPAL OFFICERS/OWNERS/PARTNERS

President _____ Phone # () _____

Vice-President _____ Phone # () _____

Secretary _____ Phone # () _____

Treasurer _____ Phone # () _____

BANK REFERENCE

Bank Name _____ Branch _____

Bank Contact _____ Phone # () _____

Checking Acct# _____ Savings Acct # _____ Loan Acct # _____

TRADE REFERENCES

(Please do not use utility companies, federal express or xerox)

(List vendors and printing firms with the largest monthly balances)

Vendor	Account #	Address	Phone/Fax
			Phone Fax
			Phone Fax
			Phone Fax

The information in the application is true and complete. I am authorized to obtain credit for our company and you may obtain references from any of the banks or other firms we have listed.

We agree to pay all charges with terms of net 30 days. If we do not, then you may assess service charges of 1 1/2% per month of the unpaid balance of this account. If our account should become delinquent and you are required to employ an attorney or collection agency to collect it, then we agree to pay fees incurred for such collection. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Authorized Signature _____ Title _____ Date _____

PLEASE COMPLETE THIS FORM COMPLETELY TO INSURE PROMPT PROCESSING OF THIS APPLICATION