



800 SLATERS LANE ♦ ALEXANDRIA, VIRGINIA ♦ 22314 ♦ 703.683.2998 ♦ FAX 703.683.3616

CREDIT APPLICATION

Division _____ Sales Rep _____ Ext _____ Credit limit necessary to meet monthly needs _____

Please type or print information

Date _____

Firm Name _____ Corporation _____

Firm Address _____ Partnership _____

Zip Code _____ Sole Trader _____

Telephone (____) _____ Est. Annual Volume _____

Fax # _____ Tax Exempt Cert. # _____

This Company is a Subsidiary (Division) of _____

Has present firm ever done business under another name? _____

If so, list name(s) _____

Nature of Business _____ How long in business _____

Shipping Address _____ Zip Code _____

Contacts: Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Credit Information - Bank Reference

Account Number _____ Telephone (____) _____

Type of Account _____ Contact: _____

Name of Bank _____ Title: _____

Address _____ Zip Code _____

Trade References (list those with whom you have an open account)

1. Name _____ Telephone (____) _____ Fax _____

Address _____ Contact _____

Title _____

2. Name _____ Telephone (____) _____ Fax _____

Address _____ Contact _____

Title _____

Terms of Payment: A finance charge of 2% per month (24% per annum) will be applicable on past due accounts. If legal action becomes necessary to collect, the debtor will be liable for all collection and/or legal fees at the rate of \$200 per hour.

Please attach a copy of your tax exemption certificate, if applicable.

SIGNATURE BELOW CONSTITUTES AGREEMENT TO THE PAYMENT TERMS AND CONDITIONS SET FORTH ABOVE.

Authorized Signature _____

Title _____ Date _____