



8847 Orchard Tree Lane
 Towson, MD 21286
 Phone: 410-339-5390
 Fax: 410-339-5393
 Email: cmcrepro@aol.com

Date: ____/____/____

APPLICATION FOR CREDIT

Business Name: _____

Address: _____ City _____ State _____ Zip Code _____

Type of Business: _____

Billing Address:

Same as above

Address: _____ City _____ State _____ Zip Code _____

Years in Business: _____ Phone No.: _____ Fax No.: _____

The Business is a () Sole Proprietor () Partnership () Corporation () LLC

PRINCIPAL OWNERS

Please include: Name & Title, Home Address, and Home Phone No.

- 1.) _____
- 2.) _____
- 3.) _____

BUSINESS CREDIT REFERENCES

Please include: Company Name, Address, Contact, and Phone No. *(Must List 3)*

- 1.) _____
- 2.) _____
- 3.) _____

BANK REFERENCES

Please include: Bank Name, Location, Account No., Contact, and Phone No.

- 1.) _____
- 2.) _____

Application must be filled out completely, legibly and signed in order to be processed.

Terms: I understand that terms are net 30 days from date of invoice. All past due accounts are subject to a 1.5% per month finance charge (18% per annum) subject to change without notice. All delinquent accounts and accounts exceeding their credit limits may be subject to accelerated collection procedures. Buyer agrees to pay the cost and expenses of collection of amounts past due.

Authorized Signature _____ Print Name _____ Title _____ Date _____