



16821 Oakmont Avenue, Gaithersburg, MD 20877
 PHONE: 301-948-3150 FAX#: 301-948-3208

APPLICATION FOR CREDIT

TERRITORY# _____ DATE _____

I would like to have an open account status with your company. The following information is about my company.

| | |
|-----------------------|-----------------------------------|
| _____ COMPANY NAME | _____ TELEPHONE (Area Code) |
| _____ ADDRESS | _____ YEAR ESTABLISHED |
| _____ CITY, STATE | _____ CONTACT NAME |
| _____ ZIP CODE | _____ CONTACT TELEPHONE (EXT.) |

The following information is about three local trade companies which I have done business with recently.

| | | |
|--------------------------------|--------------------------------|--------------------------------|
| _____ NAME | _____ NAME | _____ NAME |
| _____ TELEPHONE (AREA CODE) | _____ TELEPHONE (AREA CODE) | _____ TELEPHONE (AREA CODE) |
| _____ FAX NUMBER | _____ FAX NUMBER | _____ FAX NUMBER |
| _____ CONTACT NAME | _____ CONTACT NAME | _____ CONTACT NAME |

DO NOT WRITE BELOW THIS LINE

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 For Official Use Only

APPROVED

NOT APPROVED

SIGNATURE

DATE