



APPLICATION FOR CREDIT
(PLEASE PRINT CLEARLY)

Fax: 410-335-9148

CUSTOMER'S NAME:
COMPANY NAME:
ADDRESS:
P.O. BOX: CITY: STATE:
ZIP CODE: PHONE: CELL: FAX:

PARTICULARS:

AP CONTACT: EIS/SS#:
BANK NAME AND ACCT#:
DATE ESTABLISHED: CORPORATION () OTHER:
NO. OF EMPLOYEES: ANNUAL SALES REVENUE:
TPIN# OR SS# TAX EXEMPT

CREDIT REFERENCES:

COMPANY NAME:
ADDRESS:
PHONE: FAX:
CONTACT:

COMPANY NAME:
ADDRESS:
PHONE: FAX:
CONTACT:

COMPANY NAME:
ADDRESS:
PHONE: FAX:
CONTACT:

INTERNAL USE ONLY

SALESPERSON: MODEL TERM MONTHS
MONTHLY RENTAL \$ SALE \$
ORDER DATE D&B RATING
APPROVED BY