



2400 Crofton Blvd.
Crofton, MD 21114
Phone: (301) 261-3250
Fax: (301) 261-3814

Credit Application

The application will not be accepted unless it is filled out completely.

DATE _____

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____

TYPE OF BUSINESS _____

DATE ESTABLISHED _____

TYPE OF OWNERSHIP:

Individual Partnership Corporation

TYPE OF CREDIT REQUESTED:

COD Credit Limit _____ Sales Exempt #: _____

PLEASE LIST ALL ACTIVE TRADE REFERENCES BELOW

1. Name _____ Acct. # _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

2. Name _____ Acct. # _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

3. Name _____ Acct. # _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

BANK REFERENCE(S):

Checking Savings

Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Acct. # _____

STANDARD OPEN TERMS, IF GRANTED, ARE NET 30 DAYS FROM DATE OF INVOICE

READ CAREFULLY: I (We) agree to keep within your published terms of sale. Amounts in default under terms as indicated will be subject to 1-1/2% service charge per month, such charge not to exceed the maximum applicable by state law in which the sale is made. Service charges will be applied as of the first day balance is in default. I (We) also understand that should this account become delinquent and it be necessary to employ an attorney or collection agency to collect or commence suit to enforce payment, I (we) agree to pay all attorney or collection fees plus the cost of any suit. I (We) further agree to pay all monies due in lawful money of the United States. Further I (we) understand and agree that any amounts owed under this agreement are not transferable and in the event of change of ownership of the applicant I (we) will notify The Right Track in writing thirty (30) days prior to any change of ownership, change in location or cessation of business activity. I (We) further agree that I (we) will be personally responsible for any money not paid by the applicant.

All principals must sign below:

Print Name _____	Print Name _____
Signature _____	Signature _____
Home Address _____	Home Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Please send a copy of the Sales Exempt Form. Thank you.