



3 Taft Ct, Rockville, MD 20850
800-243-9226
 Fax: 301-354-3025
 ardept@whitakerbrothers.com



APPLICATION FOR CREDIT

SHIP TO			BILL TO		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Purchasing Agent:			A/P Contact:		
Phone Number:			Phone Number:		
Purchase Order Number Required? Yes <input type="checkbox"/> No <input type="checkbox"/>			Desired Credit Limit: \$		
Ownership: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			State of Incorporation: Date:		
Social Security or Federal Tax ID Number:			Year Business Started: Duns Number:		
Sales Tax Exemption Permit Number:			Note: Please Include Copy of Certificate if Applicable		
If Sole Proprietorship or Partnership, Please List Principle(s) (Attach Additional Sheet if Needed)					
Name:			Phone Number:		
Home Address:			City:	State:	ZIP:
If Corporated Name of Chief Executive Officer:			If Applicable, Division or Subsidiary Parent Corporation:		
Have You Purchased from Whitaker Brothers Business Machines Before? Comments:					
Yes <input type="checkbox"/> No <input type="checkbox"/> When:					
BANKING					
Bank Name:			Officer:		
Address:			Checking Account Number:		Balance:
City:	State:	ZIP:	Loan Account Number:		Balance:
Name of Contact Person:			Phone Number:		
Bank Name:			Officer:		
Address:			Checking Account Number:		Balance:
City:	State:	ZIP:	Loan Account Number:		Balance:
Name of Contact Person:			Phone Number:		
CREDIT REFERENCES					
Company Name:		Acct#:	Company Name:		Acct#:
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Name of Contact Person:		Phone Number:	Name of Contact Person:		Phone Number:
Company Name:			Company Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Name of Contact Person:		Phone Number:	Name of Contact Person:		Phone Number:

(OVER)

I hereby authorize Whitaker Brothers Business Machines to contact the above bank(s) and company(s) regarding credit information. I understand that terms are net 30 days and agree to abide by these terms. Invoices over 30 days old are subject to 1.5% per month, 18% per annum in finance charges.

I also understand that the undersigned is personally responsible for all debts incurred by the afore noted business.

It is understood that the Seller is not obligated to extend the credit requested and the account terms may be changed at the discretion of the Seller. Purchaser agrees to abide by the terms herein stated for payment and additionally agrees to pay reasonable attorney's fees and court costs should this account become past due. Should any payment not be made when due, the Purchaser authorizes any attorney to appear in any court of competent jurisdiction and confess judgment against them for the amount due.

"PURCHASER"

Date

Sales Representative of Seller

Type or print name of Purchaser (Customer Name)

By (Signature)

Printed Name

Title