



# Credit Application



COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BILLING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ CREDIT LINE SOUGHT: \_\_\_\_\_  
 COMPANY IS A:  CORPORATION  PARTNERSHIP  PROPRIETORSHIP  L.L.C.  P.L.C.  
 CORPORATE REGISTRATION NO. \_\_\_\_\_ V.A.T. NO. \_\_\_\_\_ ANNUAL SALES \_\_\_\_\_  
 ARE FINANCIAL STATEMENTS AVAILABLE?  YES  NO # YEARS IN BUSINESS \_\_\_\_\_

## COMPANY DIRECTORS/OFFICERS/PRINCIPAL

NAME 1: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME 2: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME 3: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

## BANKING DETAILS

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 BRANCH ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 BANK CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## TRADE REFERENCES

VENDOR 1: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 PAYMENT ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 VENDOR 2: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 PAYMENT ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 VENDOR 3: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 PAYMENT ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

**CONDITIONS (TERMS ARE NET 30 DAYS UPON CREDIT APPROVAL)**

TERMS OF SALE, INCLUDING TERMS OF PAYMENT AND CHARGES, FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE CUSTOMER HEREBY AGREES TO PAY ALL COSTS OF COLLECTION OR LEGAL FEES SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE ABOVE INFORMATION IS WILLINGLY SUPPLIED AND THE CREDITOR IS AUTHORIZED TO CONTACT THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO ESTABLISH THE CREDITWORTHINESS OF THE ABOVE NAMED COMPANY. IF THE APPLICANT IS NOT A CORPORATION, THE CREDITOR IS AUTHORIZED TO OBTAIN CREDIT REPORTS ON THE PROPRIETORS, PARTNERS OR PRINCIPALS. SHOULD A CREDIT AVAILABILITY BE GRANTED BY THE CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION SHALL BE IN THE SOLE DISCRETION OF THE CREDITOR. THE CREDITOR MAY TERMINATE ANY CREDIT AVAILABILITY WITHIN ITS SOLE DISCRETION.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM:

APPLICANT'S NAME\*: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE\*: \_\_\_\_\_

\* Applicant must Officer, Partner or Proprietor.

**Credit applications can be submitted via email to  
ar@maf.com or by fax to (301) 773-5841.  
Incomplete applications will not be reviewed for approval**