



(800) 932-7521

P.O. Box 280 Federalsburg, MD 21632

CREDIT APPLICATION
FAX 410-819-6638

LINE OF CREDIT REQUESTED \$ _____ PRESENT BALANCE \$ _____ DATE _____

BUSINESS NAME _____ PHONE # _____ FAX # _____

MAILING ADDRESS _____ PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

D.B.A. _____ FEDERAL TAX I.D. # _____

COMPANY WEBSITE _____

PREFERRED POD AND INVOICE FORMAT: _____ PRINT (\$25 CHARGE) _____ FAX _____ E-MAIL _____

TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____

OWNERSHIP: _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

PRINCIPAL: _____
(NAME) (TITLE) (SS#)

PRINCIPAL: _____
(NAME) (TITLE) (SS#)

PRINCIPAL: _____
(NAME) (TITLE) (SS#)

NAME OF ACCOUNTS PAYABLE CONTACT AND EXTENSION _____

ACCOUNTS PAYABLE FAX # _____ E-MAIL _____

NUMBER OF EMPLOYEES _____ EST. ANNUAL SALES \$ _____ SALES AREA _____

HAS THIS FIRM OR ANY OF ITS PRINCIPALS EVER BEEN BANKRUPT? _____ YES _____ NO

IF YES, EXPLAIN _____

MORTGAGE HOLDER / LANDLORD _____

ADDRESS _____

CONTACT PERSON/ PHONE / EMAIL _____

OTHER BUSINESS DEBTS _____

NAME / ADDRESS / BALANCE DUE _____



BANK INFORMATION

BANK / BRANCH _____ BANK / BRANCH _____

ADDRESS _____ ADDRESS _____

CITY / STATE / ZIP _____ CITY / STATE / ZIP _____

CONTACT _____ CONTACT _____

EMAIL _____ EMAIL _____

PHONE # _____ PHONE # _____

ACCOUNT # _____ ACCOUNT # _____

TRADE REFERENCES: PLEASE LIST AT LEAST THREE

1. COMPANY NAME _____ 3. COMPANY NAME _____

ADDRESS _____ ADDRESS _____

CITY / STATE / ZIP _____ CITY / STATE / ZIP _____

CONTACT _____ CONTACT _____

EMAIL _____ EMAIL _____

PHONE # _____ PHONE # _____

FAX # _____ FAX #: _____

2. COMPANY NAME _____ 4. COMPANY NAME _____

ADDRESS _____ ADDRESS _____

CITY / STATE / ZIP _____ CITY / STATE / ZIP _____

CONTACT _____ CONTACT _____

EMAIL _____ EMAIL _____

PHONE # _____ PHONE # _____

FAX #: _____ FAX # _____

Applicant agrees to pay finance charge at the rate of 18% per annum on any unpaid balance over 30 days. Applicant agrees to pay any collection costs incurred to collect the account balance including reasonable attorney's fees.

The undersigned _____ WILL _____ WILL NOT submit a financial statement.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. H&M BAY, INC. personnel are authorized to obtain pertinent information from the credit references listed above. I release all parties from all liability for any damage that may result from furnishing the same. PLEASE NOTE: ORIGINAL SIGNATURE(S) REQUIRED.

_____ SIGNATURE	_____ SIGNATURE
_____ PRINTED NAME	_____ PRINTED NAME
_____ TITLE	_____ TITLE