



(800) 932-7521

P.O. Box 280 Federalsburg, MD 21632

**CREDIT APPLICATION**  
email to: sales.info@hmbayinc.net

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) (EMAIL)

PRINCIPAL: \_\_\_\_\_  
(NAME) (TITLE) (EMAIL)

PRINCIPAL: \_\_\_\_\_  
(NAME) (TITLE) (EMAIL)

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