CREDIT APPLICATION

Applicant (Business Name):		Application Date:		
Street Address, City, State, Zip:				
Landlord Name & Address:				
Phone: Fax:	No. Emp	loyees:	Year Established:	
Type of Business:	SS# or EIN#	SS# or EIN# Est. Monthly Purchases:		
REMIT TO INFORMATION:				
Accounts Payable Contact Name	:	E-mail Address:		
Billing Address, City, State, Zip: _				
BANKING INFORMATION:				
Bank or Savings and Loan Associa	ation:			
Acct. Type: Acc	t. #:	Phone:	Fax:	
Branch Address, City, State, Zip: _				
REFERENCES:				
Applicants Principal Suppliers:	Address:	<u>Phone</u>	e: <u>Email:</u>	
1				
2				
3				
Terms: In consideration of BIWT/AWYN extendithe Applicant, in accordance with the terms of econtract of each sale from BIWT/AWYN to the Any billing not challenged by Applicant within acknowledges that a monthly service charge of the of the invoice date. Applicant also agrees to prom (30) days thereafter. Waiver of any one or more Account with a collection agency or attorney, the disputes with BIWT/AWYN will be subject to juri financial information concerning the Applicant at a understands completely. Applicant also warrants to	ach invoice. Applicant agrees that each of Applicant. All disputes must be submitted to 30 days will be deemed accepted and it is the highest amount legally allowed in the star aptly pay said service charge. An additional service charges shall not be deemed to be a Applicant agrees to pay all collection cost is diction and resolution in Baltimore, Baltimany time and from any source. The undersign	the items and conditions of sa BIWT/AWYN, in writing, no is agreed the billing shall not be of Maryland shall be made of service charge computed on the a waiver of future service charge and attorney fees in addition one County, Maryland. Appliced warrants that the above agree	ale stated on the Invoices shall be a term of the b later than 30 days following the date of billing. It be subject to dispute by Applicant. Applicant on all sums due BIWT/AWYN which in 30 days the same basis will be due and payable every thirty larges. Should it become necessary to place the into all other sums due. Applicant agrees that all ant authorizes BIWT/AWYN to obtain credit and	
Name of Applicant:		Title:		
Signature of Applicant:		Date Exe	ecuted:	