



CUSTOMER CREDIT APPLICATION

Date _____

Customer Name _____ DBA _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ FAX # _____

Type of Organization: (*Check Status*)

() Corporation State in Which Incorporated: _____ () Partnership, Limited or General (*Circle One*)

() Sole Proprietorship () Subsidiary of: _____ Division of: _____

If exempt from sales tax, attach exemption form.

Nature of Business: _____

FED ID # _____ Years in Business: _____

Person authorized to purchase _____ Accounts Payable Contact _____

Phone _____

Phone _____

TRADE REFERENCES

Reference 1.

Reference 2.

Reference 3.

Supplier Name _____

Contact: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

BANK REFERENCES

Reference 1.

Reference 2.

Bank Name: _____

Account Number: _____

Officer to Contact: _____

City, State, Zip: _____

Phone Number: _____

Please Attach: 1. Bank Authorization Letter (If Required)

PAYMENT REQUIREMENTS NET 30 DAYS

Interest shall accrue on unpaid balances in excess of 30 days at 1.5% per month.

Any matter past due in excess of 30 days may be referred to an attorney for collection. On referral to attorney, Customer shall pay all legal fees and costs, irrespective of whether a lawsuit must be filed. Customer agrees to the filing of a lawsuit in any Maryland county of Davisson's choice.

AGREED AND ACCEPTED:
[CUSTOMER CORPORATION], by

(Name) Company President

Date

PERSONAL GUARANTY

In order to induce Davisson to extend credit to Customer, the undersigned hereby personally (and not in his/her corporate capacity) guarantees all debts, costs and expenses which arise from any and all contracts for products, labor or services, ordered by the Customer. The guaranty is primary and not secondary and is not dependent upon any collection by Davisson against Customer and is unaffected by any claims Customer may have against any third party for payment or indemnity. The personal guaranty is not affected by the bankruptcy, reorganization, insolvency or liquidation of the Customer. This guaranty is effective for all debts contacted by Customer and is not affected by any waiver or forbearance by Davisson to enforce any debt against Customer at any time.

Date

Guarantor's Signature

Guarantor's Printed Name

DOB: _____

SSN: _____

Guarantor's Home
Address: _____
