

MSS

18221-A Flower Hill Way
Gaithersburg MD 20879

Business Credit Application

Phone: (240) 631-1111
Fax: (240) 631-1676

CREDIT LIMIT DESIRED \$ _____

DATE: _____

Company Information

COMPANY NAME	SHIPPING ADDRESS (If different)		
CONTACT NAME			
BILLING ADDRESS			
CITY	STATE	ZIP	
AREA CODE	DAYTIME PHONE	DUNS#	

Credit References

1 COMPANY NAME PHONE	3 COMPANY NAME PHONE
2 COMPANY NAME PHONE	

Bank Reference

NAME OF BANK: _____	COMMERCIAL CHECKING ACCOUNT NUMBER: _____
ADDRESS: _____	OTHER ACCOUNT NUMBER: _____
PHONE: _____	

Authorized Signature

Title

Date

Payments will be made within 30 days from the date of the invoice. Each invoice will be subject to a 1.5% charge per month if not paid within 30 days. The information above is confidential and will be used only to verify credit record. Should the applicant default in payment, MSS or its designated representative, shall be entitled to add incurred collection costs and attorney's fees to the unpaid balance.