



Customer Credit Application

Please return this form via fax to 410-876-5820

This form must be filled out in its entirety. Our accounting department will not proceed with requested credit evaluation unless completed. ADVACO terms are net 30.

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| Customer Code: _____ Full Company Name: _____ Trade Name: _____ Billing Address: _____ _____ _____ | Date: _____ Fed. ID #: _____ Accounting Phone: _____ Fax: _____ Accounting E-Mail: _____ Accounting Contact: _____ Invoicing Email: _____ Email Invoice <input type="checkbox"/> MD State Tax Exempt #: _____ Liable <input type="checkbox"/> Credit Amount Requested: \$ _____ |
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| Customer Supplied Information | ADVACO Internal Use Only |
|--|---|
| 1. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____ | Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____ |
| 2. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____ | Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____ |
| 3. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____ | Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____ |
| 4. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____ | Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____ |

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|--|---|
| ADVACO Internal Use Only | |
| Inside Sales Representative: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Sales Representative: _____ Signature: _____ Date: _____ |