



Company Name _____ Phone _____

DBA _____ Fax _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

Type of Business: Proprietorship Partnership Corporation Date Started _____

FEIN _____ Industry _____

Principals: _____ Title _____

_____ Title _____

_____ Title _____

A/P Contact: Name _____ Phone _____

Email _____

Bank _____ Account Number _____

Bank Contact _____ Phone _____

Note: All customers must complete a sales tax exemption certificate if they are sales tax exempt.

Payment Method (initial orders are cash or credit card only)

Wire Cash with Order Credit Card (VISA, MC, Amex) On-Account with credit limit (subject to credit approval)

Terms Requested _____

For credit to be extended, customer must furnish all information, sign credit agreement below and FAX to 410.267.6006

Trade References:

Name _____ Name _____ Name _____

City/State _____ City/State _____ City/State _____

Phone _____ Phone _____ Phone _____

Fax _____ Fax _____ Fax _____

Credit Agreement

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. The undersigned agrees to pay for such materials and/or services by all the terms and conditions of the invoices. Failure to pay invoices in a timely manner may result in the customer's account being placed on hold and further processing of orders being stopped. Post Haste Mailing will not be held liable for any damages due to failure to complete orders in a timely manner as result of accounts being placed on hold. In the event of default, the undersigned agrees to pay 35% attorney's fees and any other costs incurred in collections. It is agreed that venue in any legal action shall be in the county of Anne Arundel, Maryland.

This agreement shall remain in effect as long as the undersigned shall remain indebted to Post Haste Mailing.

Firm Name _____

By _____
Signature

Title _____

Date _____