



17319 Blaine Drive
Hagerstown, MD 21740

Phone: (240) 329-5240
Fax: (301) 791-6982

Institutional Vendor Agreement

Government and Public Entities Only

Account No: _____

Email: products@blainedistribution.com

FOR OPEN ACCOUNTS ONLY

AGREEMENT MUST BE COMPLETE TO RELEASE INITIAL ORDER

Please complete all sections in full of accurate *Phone and Fax Numbers*. Incomplete applications may not be approved. Please print legibly.

Name of Institution _____

Address _____ Phone _____

City, State, Zip _____ Fax _____

Date Started _____ No. of Employees _____ Email _____

Type (please circle): Government (State City or County) Military Hospital Prison
Housing Authority Public College/University Public School

Federal Tax ID # _____ SPECIAL REQUEST FOR TERMS OTHER THAN NET 30 DAYS: YES NO

*Please Attach Tax Exemption Certificate IF YES, TERMS REQUESTED: _____

Purchase Order Required: YES NO INVOICE PREFERENCE (please circle): Mail Email or Fax

BILL TO ADDRESS:	SHIP TO ADDRESS:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

PROCUREMENT CONTACT:	ACCOUNTS PAYABLE:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Terms: Net Due 30 days from invoice date unless otherwise approved. We certify that all the information on this form is correct. Accounts over 30 days or approved special terms will be placed on temporary credit hold. Should it be necessary to assign the account to a licensed collection agency or attorney for legal action, all subsequent interest, collection, and legal fees shall be paid by the applicant. We certify that all the information on this form is correct and that we fully understand and agree to the credit terms.

Authorized Signature

Title

Date

FOR OFFICE USE ONLY

Credit Limit _____

Date Approved _____

Not Approved/Date _____

Reason _____