



17319 Blaine Drive  
Hagerstown, MD 21740

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

Email: [products@blainedistribution.com](mailto:products@blainedistribution.com)

## Credit Application FOR OPEN ACCOUNTS ONLY

Account No: \_\_\_\_\_

Credit Amount Requested: \_\_\_\_\_ \*\*  
\*\* IF OVER \$500, COMPLETE SECTION II

APPLICATION MUST BE COMPLETE TO RELEASE INITIAL ORDER - Please complete all applicable sections in full of accurate Email, Phone and Fax Numbers. References will be processed by fax, if possible, otherwise by email.

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Date Started \_\_\_\_\_ No. of Employees \_\_\_\_\_ Email \_\_\_\_\_

Type of Business \_\_\_\_\_ Est. Annual Sales \_\_\_\_\_

Ownership (please circle): Corporation Partnership Proprietorship Other

Federal Tax ID # \_\_\_\_\_ Tax Exempt: \*YES NO \*Include copy of tax-exempt certificate with application

### SECTION II – COMPLETE ONLY IF REQUESTING AN OPEN ACCOUNT FOR OVER \$500

Bank Operating Account		Ownership and/or Corporate Officers	
Name of Bank:		Name:	Title:
Address:		Name:	Title:
City, State, Zip:		ACCOUNTS PAYABLE CONTACT	
Phone:		INVOICE PREFERENCE (please circle): Mail Email or Fax	
Fax:		Name:	Phone:
Email:		Email:	Fax:

Trade References – At Least 3. Please Write Legibly or Type. Complete and Accurate Information is Essential

Company Name:	Company Name:	Company Name:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:

### SECTION III

**Terms: Net Due 30 days** from invoice date. Late fee of 1-1/2% per month will be added to all balances over 30 days. We certify that all the information on this form is correct. Accounts over 30 days 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 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 the credit terms. We further authorize you to investigate the above References if given in Section II. If our application for credit is approved, we agree to the billing terms on this application.

\_\_\_\_\_  
Principal or Owner Title Date

FOR OFFICE USE ONLY - Credit Limit \_\_\_\_\_ Not Approved/Date \_\_\_\_\_  
Date Approved \_\_\_\_\_ Reason \_\_\_\_\_