

# CREDIT APPLICATION - United Book Press

1807 Whitehead Road – Baltimore MD 21207 ■ Telephone: 410.944.4044 ■ Accounting Fax: 410.298.6726

SALES REP: \_\_\_\_\_

Company Name \_\_\_\_\_ Years In Business \_\_\_\_\_

Address \_\_\_\_\_ Federal ID \_\_\_\_\_

\_\_\_\_\_ Maryland Tax Cert # \_\_\_\_\_

\_\_\_\_\_ Street Address if PO Box listed (required):

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Government Agency \_\_\_\_\_ Other \_\_\_\_\_

Incorporated in the State of \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

## PRINCIPALS

## ADDRESS

## TITLE

PRINCIPALS	ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

## COMMERCIAL BANK REFERENCE

Bank \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Account Number \_\_\_\_\_

## COMMERCIAL BUSINESS REFERENCES (Please provide fax numbers) IF ATTACHED SEPARATELY, PLEASE CHECK HERE \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

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

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

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

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

If different from above \_\_\_\_\_

**Is a Purchase Order required?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Invoices to be sent to the attention of:** \_\_\_\_\_

**Person to contact concerning payment of invoices:** \_\_\_\_\_

**Accounts Payable email address:** \_\_\_\_\_

**If ok to send invoices by email, recipient(s) email address:** \_\_\_\_\_

**Additional billing instructions:** \_\_\_\_\_

TERMS: 2% Ten Net 30, FOR CUSTOMERS WITH APPROVED CREDIT ONLY. Invoices are subject to Maryland Sales Tax when a MARYLAND tax certificate is NOT received. If the invoice amount or any portion thereof is not paid when due, then in such event, the undersigned (the "Customer") hereby authorizes any attorney designated by United Book Press, Inc. ("United") to appear for Customer in any court of record and confess judgment against Customer, without prior service and hearing, in favor of United, for the amount that is then unpaid, together with costs of suit and attorneys' fees of fifteen percent (15%) of the amount due.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 410.298.6726 (No cover sheet)**