

APPLICATION FOR CREDIT
MCARDLE & WALSH, INC.
 2015 GREENSPRING DRIVE TIMONIUM, MD. 21093
 TEL: 410-252-8700 FAX :410-252-8709

NAME OF FIRM _____ DATE _____
 OR
 APPLICANT/S _____

STREET ADDRESS _____ P.O. BOX NO. _____

CITY/STATE/ZIP _____ ZIP CODE: FOR P.O. BOX NO. _____

BUSINESS PHONE CONTACTS _____ BUSINESS FAX _____ E-MAIL _____ ACCOUNTS PAYABLE _____

INVOICES & STATEMENTS Preferred _____ E-MAIL ____ FAX ____ US MAIL ____

CHECK ONE: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

DATE OF INCORPORATION _____ STATE OF CORPORATION _____

FEDERAL TAX NO. _____ EXEMPTION CERTIFICATE NO. _____

CONTRACTORS NO. _____ RESALE PERMIT NO. _____

- | | | | |
|----|-------------------|---------------------|-----------------------|
| | PRINCIPALS | HOME ADDRESS | HOME TELEPHONE |
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

HAS APPLICANT OR ANY PARTNER PRINCIPAL, OFFICER, OR DIRECTOR, EVER FILED A VOLUNTARY PETITION OF BANKRUPTCY, BEEN ADJUDGED, OR MADE ASSIGNMENT FOR BENEFIT OF CREDITORS?
 YES _____ NO _____

LIST ALL JUDGMENT SUITS OR LIENS PENDING OR FILED IN WHICH THE FIRM / CORPORATION IS A PARTY / DEFENDANT. _____

BANK LOCATION: _____ CHECKING ACCOUNT NO. _____

TRADE REFERENCE (LIST NAME, ADDRESS, PHONE AND FAX NUMBERS)

TYPE OF BUSINESS (BRIEF DESCRIPTION)

YEAR IN BUSINESS	ANNUAL SALES VOLUME	ANTICIPATED PURCHASE	(MONTHLY)	(YEARLY)
_____	_____	_____	_____	_____

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE COMPANY TO INVESTIGATE THE REFERENCES LISTED, PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. I UNDERSTAND THAT YOUR TERMS ARE 2% 10TH AND THAT ALL ACCOUNTS NOT PAID BY THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE ARE PAST DUE AND SUBJECT TO A 1% PER MONTH FINANCE CHARGE (12% PER ANNUM) SUBJECT TO CHANGE WITHOUT NOTICE. ALL DELINQUENT ACCOUNTS AND ACCOUNTS EXCEEDING THEIR CREDIT LIMIT WILL NOT BE EXTENDED FURTHER CREDIT AND MAY BE SUBJECT TO ACCELERATED COLLECTION PROCEDURES. BUYER AGREES TO PAY THE COST AND EXPENSES OF COLLECTION OF AMOUNTS PAST DUE, INCLUDING WITHOUT LIMITATION, A MINIMUM OF 33% OF THE AMOUNT DUE FOR ATTORNEYS FEES.

AUTHORIZED SIGNATURE _____ NAME (PLEASE PRINT) _____ TITLE _____ DATE _____

THE UNDERSIGNED INDIVIDUAL WHO IS EITHER A PRINCIPAL OF THE CREDIT APPLICANT OR SOLE PROPRIETORSHIP OF CREDIT APPLICANT, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF CONSUMER CREDIT REPORT ON THE UNDERSIGNED BY THE ABOVE NAMED BUSINESS CREDIT GRANTOR, FROM TIME TO TIME AS MAY BE NEEDED, IN THE CREDIT EVALUATION PROCESS.

SIGNATURE _____

PERSONAL GUARANTY
McARDLE & WALSH INC.
2015 GREENSPRING DRIVE
TIMONIUM, MD.21093
PHONE: 410-252-8700
FAX: 410-252-8709

DATE: _____

THE UNDERSIGNED _____ AND

_____ RESIDING AT _____

FOR AND CONSIDERATION OF YOUR EXTENDING AT OUR REQUEST CREDIT TO _____

_____, HEREBY PERSONALLY GUARANTEE TO YOU

THE PAYMENT OF ANY OBLIGATION OF THE COMPANY AND HEREBY AGREE TO BIND

OURSELVES TO PAY YOU ON DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE

COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT

THIS GUARANTY SHALL BE A CONTINUING AND IRREVOCABLE GUARANTY AND INDEMNITY

FOR SUCH INDEBTEDNESS OF THE COMPANY. WE DO HEREBY WAIVE NOTICE OF DEFAULT, NON

PAYMENT AND NOTICE THEREOF AND CONSENT TO ANY MODIFIACATION OR RENEWAL OF THE

CREDIT AGREEMENT HEREBY GUARANTEED.

SIGNATURE _____

WITNESS: _____ SIGNATURE _____

ADDRESS: _____

THE UNDERSIGNED PERSONAL GUARANTOR, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT

HISTORY MAY BE A NECESSARY FACTOR IN THE EVALUATION OF THIS PERSONAL GUARANTEE,

HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT ON THE

UNDERSIGNED, BY THE ABOVE NAMED BUSINESS CREDIT GRANTOR, FROM TIME TO TIME AS MAY

NEEDED, IN THE CREDIT EVALUATION PROCESS.

SIGNATURE _____