



3000 SAINT LEONARD RD #164
PORT REPUBLIC MD 20676
Tel: (855) 263-3911

Account Credit Application

Business Name/Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax ID #
Address:			DUNS #
City:	State:	Zip:	
Phone:		Fax:	
Mailing Address:			
City:	State:	Zip:	Phone:
Phone:		Fax:	Email:
How would you like to receive invoices: Mail Fax Email			

Company Information:

Type Of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation Private/Public Partnership Proprietorship	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

Corporate Officers, Partners or Proprietor Information:

Name:	Title:	Social Security Number:
Address:		
City:	State:	Zip:
Phone:		

Corporate Officers, Partners or Proprietor Information:

Name:	Title:	Social Security Number:
Address:		
City:	State:	Zip:
Phone:		

Corporate Officers, Partners or Proprietor Information:

Name:	Title:	Social Security Number:
Address:		
City:	State:	Zip:
Phone:		

Bank References:

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Saving Account#:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References:

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone/Email:	Phone/Email:	Phone/Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Credit Balance:	Credit Balance:	Credit Balance:

Are your purchases taxable? __ Yes __ No, If no, attach sales tax resale card

Purchasing Agent _____

Delivery Hours _____

Accounts Payable Contact _____ Email _____

Telephone/ Fax _____

Request Monthly Credit Needs _____

Back Orders Accepted? __ Yes __ No

PO Required? __ Yes __ No

General Terms and Conditions:

Certification – The applicant certifies that the information provided in the Credit Application, together with all other information submitted with this Credit Application, is true and correct. Applicant understands that should any information materially change, or at the request of Brokers Monster Corporation, applicant will update the credit application. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. . Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Authorization to Release Information – All information, which the applicant has certified to be true and correct, included in the Credit Application is for the use of Brokers Monster Corporation in determining the amount and conditions of commercial business credit to be extended to the applicant. It is not for consumer purposes. I/we hereby authorize all trade and bank references listed in this Credit Application to release all information, verbal or written, to assist Brokers Monster Corporation in determining the amount and conditions of credit to be extended to the applicant. Furthermore, I/we authorize Brokers Monster Corporation to utilize any other sources of credit information which it deems reliable in making this determination. Subsequent credit inquiries may be completed by Brokers Monster Corporation in connection with any update, renewal or extension of credit. Brokers Monster Corporation reserves the right to terminate credit extension based on their evaluation.

ADDITIONAL SALES TERMS AND CONDITIONS – Terms are will be standard, unless otherwise stated on each invoice, or by executed written contract. I/we have read and understand the terms of sale as stated on the front and back of each invoice, and agree that such terms shall prevail over any other documents issued by purchaser pertaining to the services rendered by Brokers Monster Corporation. All other terms and conditions of services rendered are expressly disclaimed. I/we agree and understand all accounts are due and payable according to the terms on the invoice. I/we understand that Brokers Monster Corporation may terminate future extensions of credit or may terminate current credit availability at its sole discretion. I/we agree that in the event credit extended pursuant to this credit application is not repaid in accordance with the aforementioned repayment terms, the applicant will reimburse Brokers Monser Corporation for all collection costs incurred, including reasonable attorney fees and court costs. I/we agree that Brokers Monster Corporation may assess the applicant service charges and interest at a rate of 1.5% per month (18% per annum), or the highest rate applicable under the law, on any past due balances. In the event of any changes in ownership or legal structure of the applicant, I/we agree to notify Brokers Monster Corporation in writing of these changes by certified mail, mail return receipt requested. Brokers Monster Corporation shall not be affected by such changes until receipt of this written notification of these changes from the applicant.

Authorized Signature

Date

Print Name

Title

Directions: When the Credit Application has been completed and signed, please return it with the following:

1. Tax Exempt Certificate (if applicable).
2. Current Financial Statement

Please send credit application and other documentation via fax to email to bo@brokersmonster.net.