

## 8040 Queenair Drive Gaithersburg, Maryland 20879 301-330-0983 Fax 301-330-0988

## **CREDIT APPLICATION**

Please return by fax or email - cmejia@seldemo.com

We will be happy to open an account for you upon approval of three local (NOT NATIONAL)
references within a reasonable timeframe
A credit card is to be used while we obtain this information

	PI	ease circle one:			
	Individual	Partnership		Corporation	
Company Name:					
Person Requesting Credit Accou	unt:			Cell Phone:	
Billing Address:					
City:	(	State:		Zip:	
Office Phone:		Fax :		·	
Credit Limit Requested:					
Method of Payment to be used:	ACH	Cre	dit Card		Check
Accounts Payable Contact Name	e:			Phone:	
Accounts Payable Contact <b>Ema</b> i	il:			Fax:	
	Partnersh	in / Cornora	tion Inforn	nation:	
1.Officer Name:		tle:	uon miori	<u>nation.</u>	
1.Onicer Name.	<u> </u>	ue.			
2.Officer Name:	T	itle:			
2.Officer Name.		ille.			
3.Officer Name:	Т	itle:			
5.Omoci Name.		itio.			
Bank Information:					
Bank Name:				Account #:	
Contact Name:		Phone:		Fax:	
Address:					
City:		State:		Zip:	
	*** YOU MU	ST PROVIDE 3	REFEREN	NCES ***	
Please INCLUDE emails. We suggest placing a call to your trade references to allow a speedy process.					
		Trade Refere			
1.Company Name:				Account #:	
Address:					
City:	Sta	te:	Z	<u>Zip:</u>	
Phone:	En	nail:			
2.Company Name:				Account #:	
Address:				Account #.	
City:	Sta	te:	7	Zip:	
Phone:		nail:		p	
3.Company Name:				Account #:	
Address:					
City:	Sta		Z	Zip:	
Phone:	En	nail:			
Signature of Person Requesting Cre	edit Account :				