



# CREDIT APPLICATION

The AGAM Group Ltd.

6601 Amberton Drive Elkridge, MD 21075 USA • Tel 1-800-645-0854 • Tel 1-410-796-6400 • Fax 1-410-796-0589

FOR OFFICE USE ONLY	
Credit Limit: \$	<input type="text"/>

*Please complete (TYPE or PRINT) and return.  
Failure to complete all items, particularly full names and addresses, might result in delay and inconvenience.*

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_  
 Monthly Statement Required?  Yes  No      Are Purchase Orders Required?  Yes  No  
 Shipping Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## TYPE OF ORGANIZATION

Nature of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Sole Proprietorship?  Yes  No      Partnership?  Yes  No      Corporation?  Yes  No  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Tax ID No.: \_\_\_\_\_ State Incorporated: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

## BANK REFERENCES

(Bank 1) Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 (Bank 2) Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 The applicant hereby authorizes the bank to release to The AGAM Group, Ltd. all information requested. It is understood that all information will be kept confidential by The AGAM Group, Ltd.  
 Authorized Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

For Bank Use Only	
(Bank 1) Average Balance in Non-Restricted Accounts Over the Last 12-Months: _____	Date Opened: _____
(Bank 2) Average Balance in Non-Restricted Accounts Over the Last 12-Months: _____	Date Opened: _____



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## TRADE REFERENCES

*Failure to complete all items, particularly full names and addresses, might result in delay and inconvenience.*

Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Account No.: _____	Officer: _____	Telephone: _____	Fax: _____
Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Account No.: _____	Officer: _____	Telephone: _____	Fax: _____
Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Account No.: _____	Officer: _____	Telephone: _____	Fax: _____
Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Account No.: _____	Officer: _____	Telephone: _____	Fax: _____

The information in this application is true and complete. I am authorized to obtain credit for our company and you may obtain references from any of the banks or other firms we have listed.

The below officer's or partner's or owner's agent signature indicates acceptance of the following terms: PAYMENT is due when service is rendered, and in accordance with the terms of conditions agreed upon with the order(s). Should payment in full for any charge or charges not be received by AGAM on or before the due date, it is agreed any unpaid balance will incur a finance charge of 1.5% per month, and that such finance charge will be added to the account monthly and become a liability of the purchaser. It is understood that this account shall be deemed to be in default if payment in full for any month's charges is not received by AGAM on or before the last day of the following month. The undersigned agrees, upon default, to pay attorney's fees if this account is referred for collection to an attorney, plus court costs and all other costs of litigation including but not limited to costs of service of process, depositions, duplicating and travel, lodging and meals whether or not this account is referred to an attorney.

We understand that any rights under this agreement are not transferable. We agree to provide you with written notice 30 days before we transfer or sell any substantial part of our business. In the event that we fail to give you such notice, then we agree to remain liable for all subsequent purchases made on our account, whether or not authorized by us.

Authorized Signature (Owner, Partner, or Corporate Officer): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_