

Salvo Limited
Partnership, LLLP T/A



14 Back River Neck Road • Essex, Maryland 21221-3799 Office (410) 682-2300 • Fax (410) 391-5997

Credit Application Confidential Office Record

*** Please list people allowed to charge on this account ****

Name of business _____ Cash _____ Credit _____
 Sales Tax # _____ P.O. Required? yes _____ no _____
 Address _____
 City _____ State _____ Zipcode _____
 Phone # _____ Fax # _____
 Owners Name _____ Residence Phone # _____
 Residence address _____
 City, State, Zipcode _____
 Is business a sole ownership? _____
 Partnership? List partners _____
 Corporation? List Officers _____

Former Trade style _____
 Former address _____
 City _____ State _____ Zipcode _____
 How long in business? _____
 With whom do you bank? _____ Account # _____
 Name of Suppliers With Whom You Deal

1. Name of Firm _____
 Address _____
 City, State, Zipcode _____
 Phone Number _____ Fax # _____ *
2. Name of Firm _____
 Address _____
 City, State, Zipcode _____
 Phone Number _____ Fax # _____ *
3. Name of Firm _____
 Address _____
 City, State, Zipcode _____
 Phone Number _____ Fax # _____ *

Terms are as follows: 2% 10 days, Net 30. Any payment not received by the end of the month will be considered delinquent. A 1-1/2% service charge will be assessed on all past due balances. Buyer expressly agrees to pay all cost of collection, including 33-1/3% of attorney fees incurred by seller. The undersigned hereby fully, absolutely, unconditionally, and irrevocably guarantees to Salvo, the obligations and liabilities of the above-named business, firm, or company to Salvo including, without limitation, the full and prompt payment (and not merely the collection) of any obligations and liabilities of the above-named business, firm, of company to Salvo. Please sign below that you agree to these terms.

Owner/Partner/Officer of Corporation.

Print Name

Please attach copy of signer's driver's license.