

6605 Business Parkway Meadowridge Business Park Elkridge, MD 21075 410-560-7177 (p) 410-561-7143 (f)

CREDIT APPLICATION

Please email completed and signed credit application back to your CyberCore contact.

BUSINESS CONTACT INFORMATION					
Company legal name:					
DBA name (if different):					
Main Phone: Main Fax:			Website:		
Mailing address:					
City:			State:	ZIP Code:	
Date business commenced:					
Sole proprietorship:	Partnership:		Corporation:	Other:	
A/P contact name:					
Email address:			Phone:	Fax:	
BUSINESS AND CREDIT INFORMATION					
Street address (if different fro	om	above):			
City:			State:	ZIP Code:	
How long at current address?					
Tax ID #:	Tax ID #: D&B#:		Tax exempt# (see note below):		
Bank name:					
Bank address:			Phone:		
City:			State:	ZIP Code:	
Bank contact & phone #:					
Bank Contact email address or fax	x:				
Account Type:		Checking S	avings Other		
Account Number:					
BUSINESS/TRADE REFERENCES					
Company name:					
Address:					
City:			State:	ZIP Code:	
Phone:	Fax:		E-mail:		
Account #:					
Company name:					
Address:					
City:		State:	ZIP Code:		
Phone:	Fa	ax:	E-mail:	·	
Account #:					
Company name:					
Address:					
City:		State:	ZIP Code:		
Phone: Fax:		ax:	E-mail:		
Account #:					

	PURCHASING INFORMATION				
Credit Line Requested?	First Purchase Amount?				
Do you require a purchase order numb	er before we accept an order? Yes No Place "check mark" in box				
	FINANCIAL INFORMATION				
PLEASE PROVIDE LATEST TWO (2) YEARS OF FINANCIAL STATEMENTS					
TAX INFORMATION					
Note: Please attach a copy of exemption certificate(s) for each state or use multi jurisdictional form tax certificate also available to download at http://www.mtc.gov/Resources.aspx?id=1594					
AGREEMENT					
I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, sole proprietorship or limited liability company. I also certify that to the best of my knowledge all information provided in this credit statement is accurate and hereby give my permission to CyberCore Technologies to verify any or all facts disclosed herein.					
SIGNATURES					
Title: Date:	Title: Date:				

PLEASE REMIT ALL PAYMENTS TO: CYBERCORE TECHNOLOGIES, PO BOX 791241, BALTIMORE, MD 21279-1241