

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 <a href="mailto:jroby@cybercoretech.com">jroby@cybercoretech.com</a>

BUSINESS CONTACT INFORMATION				
Company legal name:				
DBA name (if different):				
Main Phone:	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 CRE		REDIT INFORMATION		
Street address (if different from above):				
City:		State:	ZIP Code:	
How long at current address?				
Tax ID #:	D&B#:	RB#: Tax exempt# (see note below):		
Bank name:				
Bank address:		Phone:		
City:		State:	ZIP Code:	
Bank contact & phone #:				
Bank Contact email address or fax	:			
Account Type:	Checking	Checking Savings 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: Fax:		E-mail:		
Account #:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone: Fax:		E-mail:		
Account #:				

PURCHASING INFORMATION			
Credit Line Requested? First Purchase	First Purchase Amount?		
Do you require a purchase order number 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 <a href="http://www.mtc.gov/Resources.aspx?id=1594">http://www.mtc.gov/Resources.aspx?id=1594</a>			
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, BALTI MORE, MD 21279-1241