



Customer First, Always!

**Main Office/Remit to Address:**

11412 Cronhill Drive  
Owings Mills MD 21117  
410.356.0003 - Fax 443-548-4262  
<http://www.tipcotech.com>

**CREDIT APPLICATION**

Branches:

**Chantilly, VA**  
**703-222-0354**

**Frederick, MD**  
**301-831-4193**

**Sparrows Point, MD**  
**410-288-4836**

**Lorton, VA**  
**703-436-3000**

**Glen Burnie, MD**  
**443-400-8480**

**Chester, VA**  
**804-706-6671**

**Lynchburg, VA**  
**434-385-1615**

**Delaware Valley, DE**  
**302-838-1392**

Date \_\_\_\_\_ Duns Number \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Credit Line Requested \$ \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

No. of Years in Business under this name: \_\_\_\_\_ No. of Employees \_\_\_\_\_

SIC/NAICS Code \_\_\_\_\_

**How may we invoice you?**

Via Fax(Y/N) Fax# \_\_\_\_\_

Via E-Mail(Y/N) Email Address \_\_\_\_\_

Mail only (Y/N) Billing Address \_\_\_\_\_



Payment Personally Guaranteed? (Y/N) By \_\_\_\_\_

Title \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone# \_\_\_\_\_

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BANK REFERENCE: Bank Name/Address \_\_\_\_\_

Phone number \_\_\_\_\_ Acct# \_\_\_\_\_ Contact \_\_\_\_\_

TRADE REFERENCE: (1) Company Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

(2) Company Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

(3) Company Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

GUARANTEE: The undersigned does hereby apply for credit with the TIPCO Technologies, Inc. and authorizes any bank of other grantor or creditor to provide information regarding the financial responsibility and indebtedness of the undersigned. The undersigned agrees to pay for all filing; court and reasonable attorney fees in the pursuit of collecting debts owed the Tipco Technologies, Inc. The undersigned understands that purchases are to be paid as per terms defined on the invoice, and that if not, the account is subject to credit refusal and late charges.

Signature of Owner/Officer/Partner \_\_\_\_\_ Date \_\_\_\_\_

Authorized Purchasers \_\_\_\_\_

FOR INTERNAL USE ONLY:

SLM# \_\_\_\_\_

COLUMN \_\_\_\_\_