

Business Credit Application

Corporate Headquarters Address:

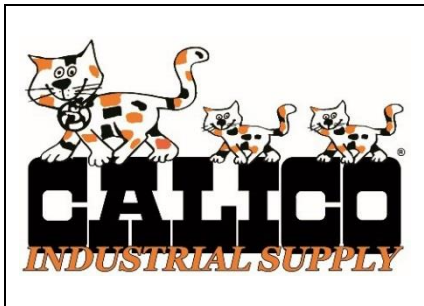
9425 Washington Blvd, Suite E-J
Laurel, MD 20723

Telephone & Fax Numbers:

Toll Free: 800-638-0828
Baltimore: 410-792-2062
DC: 301-470-3100
Fax Orders: 301-498-2056
Fax Credit App: 301-604-2419
Website: www.calicoindustrial.com

Remittance Address:

P.O. Box 2005
Annapolis Junction, MD 20701-2005



Applicant Name/Address

Legal Business Name of Applicant:	Trade Name/dba:	Federal Tax I.D. #:
Co-Applicant Name (If Applicable)*:		Soc. Sec. # or Federal Tax I.D. #:
Business Address:		Shipping Address (If different from Business Address):
Street: _____		Street _____
City, State & Zip: _____		City, State & Zip: _____
Contact Name & Phone Number: _____		Contact Email Address: _____
General Business Phone No: _____		General Business Fax No: _____

*A Co-Applicant may be required, especially for Start-Ups and Sole Proprietors.

Company Information

Description of Business (i.e. Services/Products Offered):	DUNS #:	D&B Rating:
Legal Form Under Which Business Operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____		
Date of Incorporation/Formation : ___/___/___	___/___/___	___/___/___
State of Incorporation/Formation: _____	_____	_____
Name of Corporate Officer/Partner/Principal:	Soc. Sec. #:	Title:
Address:	City:	State: Zip: Phone:
Name of Corporate Officer/Partner/Principal:	Soc. Sec. #:	Title:
Address:	City:	State: Zip: Phone:
1. Business Premises: <input type="checkbox"/> Own <input type="checkbox"/> Lease Terms of Mortgage or Lease: \$_____ Monthly Payment		
2. If Sole Proprietor, do you own or rent your home: <input type="checkbox"/> Own <input type="checkbox"/> Rent Terms of Mortgage or Lease: \$_____ Monthly Payment		
3. Is your organization a subsidiary or division of another company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please identify Parent Company:		
4. Does your business operate as an independent Franchisee*? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please identify the Franchisor:		
<small>* the purchaser of a franchise license who operates one or more outlets of a franchise business</small>		
5. Any history of Bankruptcy/ Reorganization under Bankruptcy Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when: _____		
6. For Start-Ups & Sole Proprietors, owner(s) history of Bankruptcy/Reorganization under Bankruptcy Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when: _____		

Bank References (Note: Start-up businesses please enter owner bank references)

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Loan Account #:
Checking Account Balance: \$	Savings Account Balance: \$	Loan Balance: \$
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References (Note: Start-up businesses please enter owner credit references)

Company Name:	Company Name:	Company Name:
Contact Name & Email address:	Contact Name & Email address:	Contact Name & Email address:
Company Address:	Company Address:	Company Address:
Phone No:	Phone No:	Phone No:
Fax No:	Fax No:	Fax No:
Account #:	Account #:	Account #:
Credit Limit: \$	Credit Limit: \$	Credit Limit: \$
Current Balance: \$	Current Balance: \$	Current Balance: \$
Account Opened Since:	Account Opened Since:	Account Opened Since:

Sales Tax Status – Please include copy of Sales Tax Exemption Certificate(s)

Sales Tax Status: Taxable <input type="checkbox"/> Non-Taxable <input type="checkbox"/>	State(s):	Exemption Number(s):
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TERMS & CONDITIONS

- All bills are due and payable per terms on invoice (net 20 days). A late charge of 1 ½ percent will be charged each month against past due balances. There will be a \$30.00 charge for returned checks.
- Cancelled and returned orders are subject to cancellation, return freight and minimum restocking fees of 25% of order value. Returned items must be unused, undamaged, returned intact with original materials and return freight prepaid. Specially ordered or custom items cannot be returned.
- Orders less than \$100.00 will be charged a minimum order charge of \$15.00.
- Freight charges will be added to customer's orders, or will be billed separately to customer. Partially shipped orders are subject to additional freight and handling charges.
- Inspection of Goods - All goods must be inspected at time of receipt. Damaged goods should not be accepted unless the carrier acknowledges damages on freight bill. Concealed damages must be reported by the customer to the carrier within three (3) days of receipt. Calico ships FOB shipping point. As such, goods become the buyer's property when they leave the shipping point. Calico is not responsible for damage that occurs after the goods leave the shipping point. All damage goods claims must be filed by the property owner with the carrier. All goods must be counted and checked against the quantities shown in the "shipped" column of the packing slip. If a shortage is found (other than a backorder), Calico must be notified within three (3) business days of receipt.
- Applicant(s) shall be responsible for any and all expenses incurred by Calico Industrial Supply LLC to collect past due balances, including collection and attorneys fees, court costs, and interest.
- This Application shall be governed by the laws of the State of Maryland.

CERTIFICATION

I hereby certify that the information provided herein is complete and accurate, and that I have the authority to sign on behalf of, and bind, the Applicant(s). Furthermore, Calico Industrial Supply LLC is hereby authorized to obtain credit information for each applicant and guarantor, and the financial institutions and credit references listed in this credit application are hereby authorized to release any necessary information to Calico Industrial Supply LLC for purposes of determining any credit to be extended to the above named applicant(s).

_____ / ____ / ____
 Authorized Signature Date Print Name & Title

GUARANTEE

In consideration of any credit granted to the above named applicant(s), I do hereby personally and unconditionally guarantee, jointly and severally, by affixing my signature below, payment of all indebtedness, liabilities, and obligations owed at any time to Calico Industrial Supply LLC. This guarantee includes, but is not limited to, all outstanding balances, including interest as well as any and all expenses incurred by Calico Industrial Supply LLC to collect past due balances, including but not limited to collection and attorneys fees and court costs.

_____ / ____ / ____
 Officer/Owner Signature Date Print Name & Title
 (Required for Start-Ups & Sole Proprietors)