

Credit Application for Footner and Company, Inc.

Your Company Information

Full Legal Name/ Business Entity	Phone #	Fax #
Doing Business As (DBA)		
Billing Address	City	State Zip
Company Type <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Business <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
No. of Employees	Year Established	Annual Sales Type of Business
Federal Tax ID	State of Incorporation	
Email Address(s)		

Owner or Corporate Officer Information (please list 2)

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #

Bank Reference

Bank Name	Account Number	Contact
Address	City	State Zip Phone #

Trade Credit References (please list 2)

Company Name	Accounts Receivable Contact
Address	City State Zip Phone #

Company Name	Accounts Receivable Contact
Address	City State Zip Phone #

We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with the terms published on our web site www.footner.com Payment terms are net 15 days, calculated from the date of invoice, unless otherwise agreed to in writing. We hereby certify that the information contained herein is complete and correct. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade references, and consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the State of Maryland. If the buyer is an LLC or Corporation, the applicant agrees they will be personally and individually liable for any indebtedness owed by corporation or LLC. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the creditor. Please scan signed credit application and email to accounting@footner.com or fax to 410-631-7725. And then please mail the original to us.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____