

# MSS

18221-A Flower Hill Way  
Gaithersburg MD 20879

# Business Credit Application

Phone: (240) 631-1111  
Fax: (240) 631-1676

**CREDIT LIMIT DESIRED \$** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Company Information

COMPANY NAME	SHIPPING ADDRESS (If different)		
CONTACT NAME			
BILLING ADDRESS			
CITY	STATE	ZIP	
AREA CODE	DAYTIME PHONE	DUNS# _____	

## Credit References

1 COMPANY NAME PHONE	3 COMPANY NAME PHONE
2 COMPANY NAME PHONE	

## Bank Reference

NAME OF BANK: _____	COMMERCIAL CHECKING ACCOUNT NUMBER: _____
ADDRESS: _____	OTHER ACCOUNT NUMBER: _____
PHONE: _____	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Payments will be made within 30 days from the date of the invoice. Each invoice will be subject to a 1.5% charge per month if not paid within 30 days. The information above is confidential and will be used only to verify credit record. Should the applicant default in payment, MSS or its designated representative, shall be entitled to add incurred collection costs and attorney's fees to the unpaid balance.