

# Maryland Aquatic Nurseries Application for Credit

Date: \_\_\_/\_\_\_/\_\_\_

**NOTE:** Please complete the following form in full so that our records will be accurate and up-to-date. We must have accurate and legal company names, as well as, a complete list of owners. If you have questions regarding certain areas of the form, please contact our office and we will be glad to assist you. Failure to fill out the form completely may delay the application process or put your company on COD terms.

**Business Name:** \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Shipping Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Years at Above Address: \_\_\_\_\_

Corporation  Partnership  Sole Proprietorship  Other: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ SS #: \_\_\_\_\_ Amount of Credit Applied For: \$ \_\_\_\_\_

Does State, County or City Require a License?  Yes  No If Yes, License #: \_\_\_\_\_

Maryland Sales and Use Tax License # (Where Applicable): \_\_\_\_\_

## Officers

\_\_\_\_\_  
Name Title Social Security #

\_\_\_\_\_  
Name Title Social Security #

\_\_\_\_\_  
Name Title Social Security #

## Trade References

\_\_\_\_\_  
Name Address Phone (\_\_\_\_) Fax (\_\_\_\_)

\_\_\_\_\_  
Name Address Phone (\_\_\_\_) Fax (\_\_\_\_)

\_\_\_\_\_  
Name Address Phone (\_\_\_\_) Fax (\_\_\_\_)

## Bank References

I hereby authorize Maryland Aquatic Nurseries, Inc. to obtain personal and company related account information from the following as necessary in relation to my application:

\_\_\_\_\_  
Financial Institution Address Phone (\_\_\_\_)

\_\_\_\_\_  
Account Number(s) Name On (or Title of) Account Authorized Signature

\_\_\_\_\_  
Financial Institution Address Phone (\_\_\_\_)

\_\_\_\_\_  
Account Number(s) Name On (or Title of) Account Authorized Signature

## Authorization for Release of Information

Name of Applicant (please print): \_\_\_\_\_ Date of Application: \_\_\_\_\_

To: Credit References and Financial Institutions

You are hereby authorized to release information concerning my credit history with you to Maryland Aquatic Nurseries, Inc. You are further released from liability in connection with your response to this inquiry. A photocopy of this authorization will be effective as an original.

Signature: \_\_\_\_\_

(over)