

CREDIT APPLICATION

UNITED BOOK PRESS

1807 Whitehead Road - Baltimore MD 21207 ♦ Telephone: 410.944.4044 ♦ Accounting Fax: 410.298.6726

SALES REP: _____

Company Name _____ Years In Business _____
Address _____ Federal ID _____
_____ Maryland Tax Cert _____

Telephone _____ Fax _____ Email _____
Corporation _____ Partnership _____ Proprietorship _____ Government Agency _____ Other _____
Incorporated in the State of _____ on _____

PRINCIPALS	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMERCIAL BANK REFERENCE

Bank _____ Contact: _____
Address _____ Telephone _____
Account No _____
Authorized signature for release of this info _____

COMMERCIAL BUSINESS REFERENCES (Please provide fax numbers)

Name _____	Name _____
Account No _____	Account No _____
Telephone _____	Telephone _____
Fax _____	Fax _____
Name _____	Name _____
Account No _____	Account No _____
Telephone _____	Telephone _____
Fax _____	Fax _____

BILLING ADDRESS _____
if different from above _____

Is a Purchase Order required?
____ Yes ____ No

Invoices to be sent to the attention of: _____
Additional billing instructions: _____
Person to contact concerning payment of invoices: _____

TERMS: Subject to approved credit 2% Ten Net 30 (for Non-Credit Card payment). Invoices are subject to Maryland Sales tax when a MARYLAND tax certificate is not received. If the invoice amount or any portion thereof is not paid when due, then in such event, the undersigned (the "Customer") hereby authorizes any attorney designated by United Book Press, Inc. ("United") to appear for Customer in any court of record and confess judgment against Customer, without prior service and hearing, in favor of United, for the amount that is then unpaid, together with costs of suit and attorneys' fees of fifteen percent (15%) of the amount due.

Authorized Signature _____ Date _____

PLEASE FAX COMPLETED FORM TO 410.298.6726 (No cover sheet)