Address: 30 Blackjack Rd Suite 127 Fredericksburg VA 22405

**COMPANY LEGAL NAME** 



Telephone: 540-657-5959 fax 540-657-5406 salemachines.com

**FAX NUMBER** 

## **CREDIT APPLICATION**

PHONE NUMBER

COMPANY BILLING ADDRESS		CITY, STATE	ZIP CO	ZIP CODE	
FEDERAL TAX ID NUMBER STATE O		INCORPORATION	YEARS	YEARS IN BUSINESS	
TYPE OF BUSINESS: (circle one)	Sole Proprietor Non-Profit	Partnership Branch Office	Government	Corporation	
If you selected Branch Office giv	e name and address of Pa	arent Corporation or Hea	ndquarters:		
PERSONAL INFORMATION (NAME	OF PROPRIETOR, PART HOME ADDRESS	TNERS OR SHAREHOL	DERS	% OWNERSHIP	
2.					
3.					
BANK(S) REFERENCES BANK NAME 1.	BRANCH & OFFICER		PHONE	ACCOUNT#	
2.					
TRADE REFERENCES COMPANY NAME 1.	CONTACT		BRANCH	PHONE	
2.					
Terms: Due upon receipt Past D Guaranty: I/ We understand and information may be communicated within the terms set out above. I/ V information to you, your assignees undersigned agrees to pay ALL pe of any and all past due amounts the transacting business in Virginia, ar Courthouse, Fredericksburg, Virgina	agree that this application is I to others for a credit decis We authorize the bank and of or transferees. I/ We hereby nalties, service charges, count may arise to the full amound any disputes will be subjinia.	for commercial credit may ion. I/ We understand that other references, and any o by certify under penalty of urt costs and fees, includin unt allowable by law. I/ Weet to Virginia law and jur	be assigned or transferred by if credit is extended that I/W ther past or present creditors that the foregoing statement of the transfer of th	you, and that the fe will guarantee payment to give all necessary ents are true. The incurred in the collection extended, I/ We will be Fredericksburg	
Signature of Officer/Owner			Date:	Date:	
Printed Name of Officer/OwnerTitle					