

James Vito, Inc.

681 Southlawn Lane
Rockville, MD 20850
Tel. 301-251-0211
Fax. 301-251-9067

CREDIT APPLICATION



NAME OF BUSINESS		DUN & BRAD #			
ADDRESS		ANNUAL SALES			
CITY/STATE/ZIP		TELEPHONE ()			
BILLING ADDRESS (IF OTHER THAN ABOVE)		STATE	ZIP		
DATE COMPANY ESTABLISHED		HOW LONG AT PRESENT ADDRESS?			
FEDERAL I.D. #		AMOUNT AND SOURCE OF CAPITAL			
NUMBER OF EMPLOYEES	ORGANIZATION (CHECK ONE)	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORP.	<input type="checkbox"/> ASSOC.
TYPE OF BUSINESS (PRODUCT SERVICE)		PURCHASE ORDER REQUIRED (CHECK ONE)			
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAMES & TITLES OF PRINCIPALS					
1.					
2.					
3.					
NAMES/ADDRESSES/TELEPHONE NUMBERS OF BANKS (INCLUDE ACCOUNT NUMBERS)					
1.					
2.					
3.					
NAMES & TELEPHONE NUMBERS OF PERSONS AUTHORIZED TO CHARGE TO YOUR ACCOUNT					
1.					
2.					
3.					

SOLE OWNER / PROPRIETORSHIP

NAME OF OWNER		SPOUSE'S NAME	
RESIDENCE		TELEPHONE ()	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
MAJOR CREDIT CARD ACCOUNTS (INCLUDE ACCOUNT NUMBERS)			
1.			
2.			

PARTNERSHIP (PLEASE LIST EACH PARTNER WHO HAS A LIMITED INTEREST IN THE BUSINESS)

NAME		TELEPHONE ()	
ADDRESS			
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
NAME			
ADDRESS		TELEPHONE ()	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	

CORPORATION

NAME OF PARENT COMPANY IF APPLICABLE		STATE CORPORATION WAS CHARTERED UNDER (INCLUDE YEAR)	
IS THIS CORPORATION PUBLICLY TRADED?		WHICH EXCHANGE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
CORPORATE OFFICER'S NAME	TITLE		
ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER'S NAME	TITLE		
ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER'S NAME	TITLE		
ADDRESS	CITY	STATE	ZIP

ASSOCIATION

NAME OF ASSOCIATION	TELEPHONE ()	
ADDRESS	CITY	STATE ZIP
OFFICERS		

BANK REFERENCES

CHECKING-BANK NAME	TELEPHONE ()
ADDRESS-BRANCH	ACCOUNT NO.
SAVINGS-BANK NAME	TELEPHONE ()
ADDRESS-BRANCH	ACCOUNT NO.

TRADE REFERENCES

NAME	TELEPHONE ()	
ADDRESS	CITY	STATE ZIP
NAME	TELEPHONE ()	
ADDRESS	CITY	STATE ZIP
NAME	TELEPHONE ()	
ADDRESS	CITY	STATE ZIP
NAME	TELEPHONE ()	
ADDRESS	CITY	STATE ZIP


PURCHASE INFORMATION

DO YOU REQUIRE THE USE OF PURCHASE ORDER NUMBERS? IF YES, INDICATE WHICH

YES NO VERBAL WRITTEN EITHER

ALL INFORMATION MUST BE PROVIDED IF THE APPLICATION IS TO BE CONSIDERED

Please attach a recent balance sheet with this application.
 If this application is accepted, we understand payment is due on outstanding amounts upon presentation of the bill, and agree to pay a service charge of 2.0% per month (24% per annum), on any amounts past due thirty (30) days after billing date, and to pay reasonable attorney fees and costs if it becomes necessary to file suit to enforce collection.

 SIGNATURE _____

NAME _____

TITLE _____ DATE _____

TO:

NAME OF BANK _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

REGARDING ACCT. #: _____ CHECKING/SAVINGS
FOR ACCOUNT NAME: _____

You have my permission to release the following credit information to:

* _____
ACCOUNT SIGNATURE

NAME (PLEASE PRINT) _____

TITLE _____

BALANCE: High _____ Medium _____ Low _____

Figure Account _____

Date Opened _____

Rating _____

Thank You for your assistance

Credit Manager

CREDIT REFERENCE

Strictly Confidential



Please respond within 48 hours and return to .

at FAX: 301-251-9067.

Date of Request: _____

TO: _____ FAX: _____

We require information in confidence on the following reference customer. Please provide the requested information as appropriate and return to our office.

COMPANY: _____

Active Account Non Active Account Account Closed No Record

Doing Business With COMPANY For: Under 1 Year 1-3 Years 3 Years

Credit Limit in the past 1 year has:
 Increased Decreased Remained the same
 3-figure 4-figure 5-figure 6-figure +++

High Credit Given: _____

Low Credit Given: _____

Current Outstanding: _____

Amount Overdue: _____

Payment Terms: _____

Average Payment Performance: _____

Industry Your Company Belongs To: _____

Other Comments: _____

The information in this report is confidential and may not be disclosed to any other person other than the requesting client.

Signature: _____ Date: _____
Print Name: _____
Title: _____