

Application for Credit (New Credit Customers Only)

Billing Information	
Company:	_____
Address:	_____ _____
City:	_____ ST: _____ Zip: _____
AP Contact	
Name:	_____
Phone:	_____ X _____ FAX: _____
Cust #:	_____

Shipping Information	
Company:	_____
Address:	_____ _____
City:	_____ ST: _____ Zip: _____
Delivery Contact:	
Name:	_____
Phone:	_____ X _____

Type: Corporation Partnership Individual

Requested Credit Line: _____

Incorporated in the State of: _____

Date Established: _____

Company Is: End User Reseller Both

Credit For: Sales Service

Approx. Net Worth As Of Last Year: _____

DBA/Trade Name: _____

Are Your Purchases Taxable?: Yes No (If you answered no, then please provide tax ID numbers for the states listed below:)

CA: _____	GA: _____	MA: _____	NY: _____	TN: _____
CT: _____	IA: _____	MD: _____	OH: _____	TX: _____
DC: _____	IN: _____	NC: _____	PA: _____	VA: _____
FL: _____	KS: _____	NJ: _____	SC: _____	WI: _____
				WV: _____

ABA is authorized to collect sales tax from the States listed above. Sales tax will be assessed for any product/services that are taxable in states where you have not provided a tax exempt number.

Bank Reference

Bank Name _____	Account Number _____
Bank Address _____	Telephone Number _____
City, State Zip _____	Contact _____

Trade References

Three Required (Must Provide All Information)

	Name	Address	Phone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Applicant expressly agrees to make payment in full to ABA Moriah Corporation for all purchases in accordance with the terms of sale. Should Applicant default in any such payment, Applicant agrees to pay a late service charge on any amounts in default at the maximum rate permitted by law and, at the option of ABA Moriah Corporation, all amounts owed shall become immediately due and payable without further demand or notice. Applicant agrees to pay all legal and other costs incurred by ABA Moriah Corporation in the collection of any obligation of the Applicant pursuant hereto. Applicant agrees to immediately notify ABA Moriah Corporation in writing of any materially unfavorable change in the Applicants financial condition.

To my knowledge, all of the information I have given is true.

Signature _____ Title _____ Date _____

Name (Print) _____ Phone _____ Ext. _____ Fax _____

For Our Records, Please Attach A Copy Of Company's Most Current Financial Statement & Tax Certificate (if applicable).

Remit to: 6585 Merchant Place, Suite 100 • Warrenton, VA 20187 • Phone: (540)349-3166 • Fax: (540)349-0993 • www.abamoriah.com