

McCALL HANDLING CO.PHONE: 410-388-2600
800-247-90008801 Wise Avenue
Suite 200
Baltimore, MD 21222

FAX: 410-388-2608

APPLICATION FOR CREDIT

Company Name _____

Trading As _____

Address _____

(City) _____ (County) _____ (State) _____ (Zip) _____ (Type of Business) _____

Contact Name _____ Contact Title _____

Phone (Business) _____ Fax Number _____ No. of Yrs in Business _____

DUNS # _____ TAX EXEMPT? () YES () NO (If yes, supply copy of certificate)

Federal Tax ID _____

TRADE REFERENCES :

Name: _____ Phone #: _____

Acct. # OR Address _____ Contact: _____

Name: _____ Phone #: _____

Acct. # OR Address _____ Contact: _____

Name: _____ Phone #: _____

Acct. # OR Address _____ Contact: _____

BUSINESS CHECKING ACCOUNT:

	<u>BANK</u>	<u>BRANCH-CONTACT-PHONE #</u>	<u>PHONE NUMBER</u>
1)	_____	_____	_____
2)	_____	_____	_____

LOANS - BANK FINANCE CO., ETC:

	<u>BRANCH</u>	<u>LOAN NUMBER</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____

Has applicant ever been party to an suits, judgements, garnishments, bankruptcy or other legal proceedings? () YES () NO
(If yes, give particulars on the reverse of this application.)

I (WE) hereby consent to the necessary credit investigation in connection with this application and authorize credit reporting agencies of the United States Government to provide information necessary to process said application. I (WE) warrant that all information contained in this application is true and complete.

TITLE: _____ SIGNATURE: _____ DATE: _____

Printed Name _____