7077 Oakland Mills Road
Columbia, MD 21046
Phone: 301-490-5542 Fax: 301-490-4715

CREDIT APPLICATION

Company Information

Full Legal Name: _____ Phone #:_____

DBA (if different): _____ Fax #: _____

Address: _____ Email: _____

City: _____ State: ____ Zip Code: _____

Website: _____

Type of Company: ____Corporation _____ Partnership _____Limited Liability Company

____ Sole Proprietor ____Other (specify) _____

Federal Tax ID #: _____ How long in business? _____

State where incorporated: _____ Number of employees: _____

Ownership Information

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.

Name	Title	Ownership%	Home Address	Home Phone #

Bank Reference

Name of Bank: _____ Bank Address: _____ Phone #: _____

Contact Name: _____ Account #: _____ Type of Account: _____

Trade References

Please list three significant business relationships.

Name	Address	Phone #	Contact

Mortgage Holder/Landlord Information

Do you rent or own premises that the business occupies? _____ Years at location: _____

Mortgage Holder/Landlord Name: _____ Contact Person: _____

Address: _____ Phone #: _____

(1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes/ No (If yes attach detail)

(2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? Yes/ No (If yes under what name_____).

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of _____, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant understands in the event of default, if the account is placed with a third party collection agency or attorney, the applicant will be responsible for any and all fees occurred.

Applicant Company Name:

Signature: _____ Title: _____ Date: _____

Print Name: _____

TERMS & CONDITIONS:
TO QUALIFY FOR CREDIT, THE MINIMUM ORDER VALUE MUST BE $168.00
TERMS: NET 15 DAYS
RETURNED CHECKS WILL INCUR A CHARGE OF $35.00 PLUS CREDIT TERMS WILL BE SUSPENDED AND THE ACCOUNT WILL BE PLACED ON C.O.D BASIS INDEFINITELY.

LIFT OFF DISTRIBUTION LLC, 7077 Oakland Mills Rd, Columbia MD 21046
PH: (301) 490-5542 FAX: (301) 490-4715

Personal Guarantee

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of Company Name: _____ owed to Lift Off Distribution, LLC. This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of_____. Revocation shall not affect indebtedness incurred prior to receipt of written notice. [Kentucky residents-If Guarantor is a resident of the Commonwealth of Kentucky, this guaranty shall be limited to amounts not exceeding $_____ for a duration of not more than _____ years from the date it is signed.]

Individual Signature: _____ Date: _____

Print Name: _____ Social Security Number: _____