



Distributors of Aluminum Products

7810 Pearson Knoll Place
Potomac, MD 20854
Phone: 301-339-8804
Fax: 301-339-8841

Credit Application

Business Name: Today's Date:

Street Address: Date Established:

City: State: Zip Code:

Phone Number: Fax Number: Email:

Business Operates as: Corporation: Partnership: Sole Proprietor:

Business Property is: Leased: Owned: If owned, by whom?

Name and Address of Principle Owners or Officers:

1. Name: Title: Address: Social Security #:

2. Name: Title: Address: Social Security #:

Federal ID # Annual Sales:

Have you ever declared Bankruptcy? Has your company ever declared Bankruptcy:

Resale Tax Number: (If a number is not provided, sales tax will be charged)

Credit Experiences

Name, address of three (3) trade references

1. Name: Address: Phone #: Fax #: Contact:

2. Name: Address: Phone #: Fax #: Contact:

3. Name: Address: Phone #: Fax #: Contact:

Bank Reference: Phone #:

Account #:

Credit Card #: Credit Card Type: Security Code: Expiration Date:

(Orders over 90 days past due will be automatically charged on the credit card and a 2% late charge will be applied.)

Sales Agreement

The undersigned in consideration for the terms stated herein and for the extension of credit by A.M.Fabricators/WDI, hereby agrees that the term of the sales are "payment in full by the 30th day of invoice". The invoice (s) become past due if not paid by the 30th day of the date of invoice, and further a 1 1/2% per month service charge will be added on any past due portion. There will be a 25% restocking charge on all merchandise returned for credit. No credit returns on merchandise after 15 days. Special orders may not be returned. In the event of default in payment, and he account is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection including reasonable attorney's fees. The undersigned does hereby certify that the information contained in this application is true and correct, and further agrees that any change in ownership or officers or form that the business operates will be known to A.M.Fabricators/WDI.

Signed: Company Name By: Name Its: Title



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**Personal Guaranty**

To: A.M.Fabricators/WDI:

Please sell and deliver to (company name) \_\_\_\_\_ on your usual credit terms, Net 45, such goods, wares and merchandise as they or their representatives may order or select, and in consideration thereof, I/we hereby fully guarantee and hold myself/ourselves personally responsible for the payment at maturity of the purchase price of all such goods, wares and merchandise so sold or delivered, whether evidenced by open account, acceptance, note or otherwise. I/We hereby waive notice of acceptance hereof, amounts of sales, dates of shipments or deliveries, notice of default in payment and legal proceedings against the purchaser.

This is intended to be, and shall be construed to be, a continuing Guaranty applying to all sales made by you to the aforesaid, and shall not be revoked by the death of the Guarantor (s) but shall remain in full force and effect until I/We or my/our Executors or Administrators shall have given notice in writing to make no further advances on the security of this Guaranty, and until such notice shall have been received by you.

It is understood and agreed that there is no limit to my/our liability under this Guaranty.

Now, should it become necessary to place this Guaranty with an attorney for collection, suit or legal action, I/We hereby agree to pay all costs of such collection, suit or legal action, including a reasonable attorney's fee.

WITNESS my/our hand (s) and seal (s) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Witness:

Guarantor:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_