



ACCOUNT APPLICATION

COMPANY INFORMATION

COMPANY NAME: _____ Proprietorship Partnership Corporation
 BILLING ADDRESS: _____
 PHONE: _____ BUSINESS START DATE: _____
 EMAIL: _____ SALES TAX EXEMPT # _____

CORPORATE OFFICERS

OWNER/ OFFICER(S): _____
 TITLE: _____
 ALTERNATIVE PHONE/ CELL/ EXT.: _____

BANKING INFORMATION

BANK NAME: _____ BANK CONTACT PERSON: _____
 BANK ADDRESS: _____ BANK PHONE: _____

TRADE REFERENCES

COMPANY NAME: _____ COMPANY NAME: _____
 ADDRESS: _____ ADDRESS: _____
 EMAIL: _____ TEL: _____ EMAIL: _____ TEL: _____
 COMPANY NAME: _____ COMPANY NAME: _____
 ADDRESS: _____ ADDRESS: _____
 EMAIL: _____ TEL: _____ EMAIL: _____ TEL: _____

TERMS

New Customers: First order is 50% due to start production, balance upon Delivery with a certified check. Additional orders within the 90 day probationary period will be 50% down to start production, balance in 30 days. Credit terms are net 30 days. Invoices not paid within 45 days of invoice date will be assessed a finance charge of 2% per month or the maximum allowable under Maryland law up to 2%. All accounts over 30 days will automatically be shipped on a C.O.D. basis and relinquish their privilege to credit until satisfactory credit has been restored.

Credit Amount Requested: _____

I/We understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I/We further understand and agree that all accounts or monies due to Delaware Elevator Manufacturing shall be paid in accordance with the Approved Credit Terms stated above and if purchaser fails to pay in a timely manner, and DEM is required to employ third parties to collect any outstanding balance, purchaser will be responsible for all costs incurred by DEM in doing so including, but not limited to reasonable attorney's fees should DEM be successful in litigation. Accordingly, all disputes arising out of non-payment shall be governed by the law of the State of Maryland, and all parties hereto consent to and only to the jurisdiction of the Circuit Court for Wicomico County Maryland to resolve all such disputes. I/We authorize investigation of all credit references listed.

SIGNATURE: _____ DATE: _____