



# Bobcat of Baltimore, LLC



**Corporate Office:**  
 20332 Leitersburg Pike  
 Hagerstown, MD 21742  
**Phone:** 301-733-7414  
**Fax:** 240-420-5999

**Physical Address:**  
 1109 Middle River Road  
 Baltimore, MD 21220  
**Phone:** 410-483-0600  
**Fax:** 410-483-7095

## CREDIT APPLICATION

Account # \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
 (Legal Name as registered)

**Physical Location:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Year Started:** \_\_\_\_\_ **Nature of Business (Trade):** \_\_\_\_\_

**Tax Exempt:**  No  Yes **Tax Exempt #:** \_\_\_\_\_ (Attach Form)

**Is PO# required:**  No  Yes **Credit Limit Requested: \$** \_\_\_\_\_

**OWNERSHIP: (Check One)** If corporation is less than 2 years old<sup>†</sup>, please complete owners' information<sup>‡</sup>

\*Individual  \*Proprietorship  \*Partnership **\*Must complete USE OF PERSONAL CREDIT REPORT on page 2.**

<sup>‡</sup>SS# \_\_\_\_\_ <sup>‡</sup>Date of Birth: \_\_\_\_\_ <sup>‡</sup>Driver's License: \_\_\_\_\_

Corporation: State: \_\_\_\_\_ <sup>†</sup>Year: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Names of Owners, Partners or Corporate Officers (*include Name, Address, Phone #, Soc.Sec.#*) :

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

### BANK REFERENCES:

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Branch Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_ Savings Acct. #: \_\_\_\_\_ Other Acct. #: \_\_\_\_\_

### TRADE REFERENCES:

(Preferably dealers of contractors' equipment and supplies)

| Company Name | Address | Phone | Fax   |
|--------------|---------|-------|-------|
| 1) _____     | _____   | _____ | _____ |
| 2) _____     | _____   | _____ | _____ |
| 3) _____     | _____   | _____ | _____ |

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**TERMS OF CREDIT:**AGREEMENT TO TERMS OF CREDIT (with signature) is required for open credit account.

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- 1) Payment due Net 30 days.
- 2) Past due service charge of 2% monthly.
- 3) Court costs and other legal fees are the responsibility of the customer.

We (undersigned) certify that all information on this form is correct. We fully understand the credit terms and agree to proper payment in consideration of extended credit. We authorize the release of credit information by bank and trade references to Bobcat of Baltimore, LLC.

Bobcat of Baltimore, LLC hereby expressly reserves the right, in its sole and absolute discretion, (i) to require C.O.D. payment terms from any customer at any time, and/or (ii) to refuse to sell additional products and/or to withhold further shipment of any products to any customer until all of the customer's overdue account balances are paid in full.

Customer Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
(Please print)

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**PERSONAL GUARANTY:****\*If signing guaranty, must complete USE OF PERSONAL CREDIT REPORT below.**

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I, \_\_\_\_\_, for and in consideration of Bobcat of Baltimore, LLC providing credit on open account to

\_\_\_\_\_ (hereinafter referred to as the "Company"), hereby  
(Name of Company)  
personally guarantee individually, any and all amounts the Company may from time to time owe Bobcat of Baltimore, LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No Titles)

Name: \_\_\_\_\_  
(Please print)

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**\*USE OF PERSONAL CREDIT REPORT:**

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I authorize Bobcat of Baltimore, LLC to obtain and utilize a non-business consumer credit report on myself from time to time in granting, extending or continuing business credit associated with the credit application. I understand this consumer credit report will be used to further evaluate the credit worthiness of me as a principal, proprietor and/or guarantor in connection with the extension of business credit. I, as an individual, consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No Titles)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Please print)