



Iron World Manufacturing LLC
 Confidential Credit Application and Guarantee of Funds
 9390 Davis Ave. Laurel MD 20723 Phone (301) 776 – 7448 Fax (301) 776 – 7449

Applicant Name: _____ Date: _____

Billing Address: _____ Phone: _____

_____ Fax: _____

Residence: _____ Phone: _____

Business Type: Sole Proprietor Partnership Corporation Other

Federal ID # _____

State Tax Exempt # _____

Employees Authorized to make purchases: _____

Number of years in business at current location: _____

Credit Limit Requested: _____

Bank Name	Acct#	Address	City	State	Zip	Phone #
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Reference	Acct#	Address	City	State	Zip	Phone #
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Iron World extends 30 day terms to all accounts unless otherwise specified on invoice. Should the account not be paid in full by such date, interest at the rate of 1 ½ % per month will be charged on any unpaid balance. In the event that legal action becomes necessary to enforce payment, the undersigned assumes responsibility for all collection and/or attorney fees/cost. The venue for such legal actions shall take place in the state of Maryland. In compliance with the Fair Credit Reporting Act you understand that by signing the document you are authorizing the above named bank(s) and credit references, and any other reporting services we utilize to release any information that is necessary for us to approve your credit with Iron World. The undersigned hereby assumes, personally and professionally, the responsibility for any and all debt owed to the above named company and/or corporation. In addition, all goods delivered remain the property of Iron World until full payment for delivered goods is received. All information requested on the application must be completely disclosed, and correctly signed for, or credit shall not be extended to your company.

Owners Name (print): _____ Date: _____

Owners Signature: _____ Social Security #: _____

Drivers License #: _____

Signature of principle owner, or party personally responsible for all debt of the above named company and/or corporation.

All correspondence pertaining to this account should be addressed to:

Name	Address	City	State	Zip	Phone #
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