



COMMERCIAL CREDIT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Attn: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Delivery Address (if different from above): \_\_\_\_\_

Type of Organization: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Non-Profit

Nature of Business: \_\_\_\_\_ How long in business: \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_ Will a purchase order be necessary? \_\_\_ Yes \_\_\_ No

Purpose of this account: \_\_\_\_\_ Approximate annual usage: \_\_\_\_\_

Are you tax exempt? \_\_\_ Yes \_\_\_ No If yes, please provide a copy of your resale or exempt certificate.

Name of persons authorized to use the account:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank Reference

Name and Branch: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Trade References

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Terms are net 30 days. Finance charge is 1.5% of unpaid balance at the closing date of the month. Past due accounts will be placed on credit hold. By signing below, I admit my agreement on the above terms and authorize all the above references to release our account information to Penn Camera Exchange, Inc.

Your Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Address: PO Box 758828, Baltimore, MD 21275-8828 Email: ar@penncamera.com
Corporate Office 7040 Virginia Manor Rd., Beltsville, MD 20705 (301) 210-7366 Fax: (301) 210-7369
Commercial Sales: (301) 210-7366 or (800) 347-5770
Store Locations: Washington DC, Rockville MD, Laurel MD, Vienna VA, and Springfield VA