



GOVERNMENT ACCOUNT APPLICATION

Agency Name: _____ Date: _____

Billing Address: _____

Attn: _____ Telephone: _____ Fax: _____

E-mail Address: _____

Delivery Address: _____

Federal Tax ID _____

Are you tax exempt? ___Yes ___No

If yes, please provide a copy of your exemption certificate.

Approximate annual usage \$ _____ Desired Credit Limit \$ _____

Will a purchase order be necessary? ___Yes ___No

Please list all persons authorized to use the account:

Name:	Department:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment terms are Net 30 days. Past due accounts will be placed on credit hold.

Payment Address: PO Box 758828, Baltimore, MD 21275-8828

Corporate Office: 7040 Virginia Manor Rd., Beltsville, MD 20705 (301) 210-7366 Accounting Fax: (301) 210-7369

Government Sales: (301) 210-7366, (800) 347-5770 Fax: (301) 210-7370

E-mail: ar@penncamera.com