



NATIONAL CAPITAL INDUSTRIES®

- 3420 Kenilworth Ave., Bladensburg, MD 20710 (301) 864-4150
- 2801-A W. Patapsco Ave, Baltimore, MD 21230 (410) 644-0300
- 8433A Backlick Road., Lorton, VA 22079 (703) 339-0909

WHEN COMPLETED PLEASE RETURN FAX TO: 301-985-3193

CREDIT APPLICATION AND AGREEMENT

DATE: _____

FIRM NAME: _____

PHONE: _____

STREET ADDRESS: _____

PO BOX: _____

CITY STATE ZIP CODE

FAX#: _____

E-MAIL: _____

TYPE OF BUSINESS: ___ CORP. ___ PARTNERSHIP ___ INDIVIDUAL YEAR ESTABLISHED: _____ CREDIT \$ DESIRED _____

PURCHASE ORDERS: ___ Y ___ N ___ WRITTEN ___ VERBAL ___ BOTH TAX EXEMPT: ___ Y ___ N IF YES PLEASE FURNISH AN EXEMPT CERT.

PRINCIPALS & TITLES: _____

BANK NAME AND ADDRESS: _____

ACCOUNT # _____ PHONE #: _____

Name of Predecessor Businesses: _____

Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding? _____

Has any judgment ever been entered against any of the companies or individuals listed above? _____

Are they're any legal actions or arbitration's pending against any of the companies or individuals listed above? _____

TRADE REFERENCES (OPEN ACCOUNTS ONLY)

NAME _____ Account # _____ Phone # _____ Fax # _____

Address: _____ Contact Name: _____

Name _____ Account # _____ Phone # _____ Fax # _____

Address: _____ Contact Name: _____

Name _____ Account # _____ Phone # _____ Fax # _____

Address: _____ Contact Name: _____

Name _____ Account # _____ Phone # _____ Fax # _____

Address: _____ Contact Name: _____

DELIVERY OF MY INVOICE SHOULD BE SENT TO: e-mail or fax
PLEASE CHECK ONE _____
ENTER e-MAIL OR FAX NUMBER HERE

I/WE hereby certify that the above information, given for the purpose of obtaining credit, is true and correct, and I/WE authorize you to obtain such information as you may require concerning this application and agree that it remain your property whether or not credit is granted. I/WE also understand that a SERVICE CHARGE computed by a periodic rate of 1 ½% per month will be applied to all accounts 60 days and older, which equals 18% per anum, plus attorney's fees of 25% in the event of the account is placed with an attorney for collection.

DATE _____ FIRM NAME _____

BY: _____
SIGNATURE AND TITLE

GUARANTY given by the undersigned to National Capital Industries[®], Inc., hereinafter called National Capital, to induce it to extend credit to _____ Herinafter called the customer.



The undersigned hereby guarantees the prompt payment, when due, of the full amount indebtedness owing by the customer to National Capital, including interest provided under this guaranty. The undersigned's liability hereunder shall not be affected by extension of time, renewal, or change in the form of the customer's indebtedness hereby guaranteed.

In Witness Whereof, each of the undersigned has hereunto set his hand & seal this day of _____, 20____.

Witness

Signed By

GUARANTEE OF PAYMENT OF ACCOUNT FOR GOODS SOLD & SERVICES RENDERED TO CORPORATION OR PARTNERSHIP.

In consideration of supplying goods, merchandise, equipment, & services upon credit to _____ Of _____ from time to time determine, we the undersigned jointly & severally guarantee to you, your successors, & assigns, the due & punctual payment of such sums of money as to any time & from any time shall be owed to you by _____ for we further agree jointly & severally that in case National Capital Industries[®], Inc. shall bring suit to compel performance of or recover for breach of this agreement reasonable attorney's fee amounting to 25% of the outstanding monies due on account in addition to the amount of the judgement & cost including the costs of service of process & service charge computed by a periodic rate of 1 1/2% per month which will be applied to all accounts 60 days & older, which equals 18% per anum.

GUARANTORS

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone # _____

Phone # _____

Social Security # _____

Social Security # _____

Signature _____ Date _____

Signature _____ Date _____

*****FOR NCI USE ONLY*****

Credit Limit _____

Customer # _____

Sales Code _____

Business Code _____

Approved _____

Date _____

Price Code _____

Declined _____

Date _____

