



Credit Application

PLEASE FAX TO ACCOUNTS RECEIVABLE
Item, Incorporated
991 Annapolis Way
Woodbridge, VA 22191
www.iteminonline.com
703-971-5700 800-367-4836 Fax 703-971-0070

Applicant (also specify T/A name if different)

Date: ___/___/___

Business Name: _____ Federal ID# _____

Mailing Address: _____

City, State, Zip: _____ Contact Name: _____

Ph: _____ Fax: _____ Type of Business: _____

Email Address: _____ Web Site: _____

Organization is a () corporation () Proprietorship () Partnership Established (Yr/State) _____

Proprietors/partners/stockholders (indicate title & percentage of ownership)

Name: _____ Title: _____ Ownership %: _____ SSN: _____

Residence St: _____ City, State, Zip: _____

Name: _____ Title: _____ Ownership %: _____ SSN: _____

Residence St: _____ City, State, Zip: _____

Bank References (two year history)

Bank Name: _____ Ph: _____ Fax: _____

Officer: _____ Ch Acct #: _____ Save Acct #: _____

Bank Name: _____ Ph: _____ Fax: _____

Officer: _____ Ch Acct #: _____ Save Acct #: _____

Trade References (two year history)

1. _____ Ph: _____ F: _____

2. _____ Ph: _____ F: _____

3. _____ Ph: _____ F: _____

4. _____ Ph: _____ F: _____

As an authorized agent of the firm, I consent to and authorize release of any financial information from our bank and any vendors or reporting agencies as needed to process this application. I warrant all information on application to be true. Should Net 30 terms be granted and account becomes overdue, I agree to the processing of the previously provided credit card.

Signature: _____ Printed Name: _____ Title: _____