

National Museum of the Marine Corps Museum Store Wholesale Credit Application

BUSINESS CONTACT INFORMATION

Company:				
Contact Name/Title:				
Phone:	Fax:	E-mail:		
Registered company address:				
City:		State:	ZIP Code:	
Date business commenced:			Tax ID#:	
Check One Box	Sole Ownership	Partnership	Corporation	Other

BUSINESS AND CREDIT INFORMATION

Primary business address:				
City:		State:	ZIP Code:	
How long at current address?				
Telephone:	Fax:	E-mail:		
Bank name:				
Bank address:		Phone:		
City:		State:	ZIP Code:	
Type of account		Account number		
Savings				
Checking				
Other				

Business/Trade References (Please Provide Three)

Company name:		Contact:		
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Company name:		Contact:		
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Company name:		Contact:		
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within five working days.
3. By submitting this application, you authorize NMMC-MS to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Date:	Printed Name & Title:	Signature:
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