

MARYLAND METRICS - Credit Application by Fax or Mail

Please use this printable form if you would like to submit a credit application via fax or mail.

Please complete the form below with enough information to assure accurate processing of the credit application. Our Fax numbers are: (800) USA-9-FAX [800-872-9329] or (410) 358-3142. If you are submitting credit information on your own form, then just complete any items which are requested on our form, but are not included on your form.

Please check here if you are also submitting credit information on your own form.

COMPANY NAME: _____
SHIPPING ADDRESS: _____
2nd SHIP ADD. LINE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: (____) _____ EXT.: _____
FAX NUMBER: (____) _____
E-MAIL ADDRESS: _____
YEAR BUSINESS WAS ESTABLISHED: (must have) _____

BILLING NAME and ADDRESS IF DIFFERENT THAN ABOVE: (You may omit any information in the billing section below which is duplicated in the above shipping section.)

COMPANY NAME: _____
BILLING ADDRESS: _____
2nd BILL ADD. LINE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: (____) _____ EXT.: _____
FAX NUMBER: (____) _____
E-MAIL ADDRESS: _____
Into what business category would your organization fit?

OEM (Original Equipment Manufacturer) _____ DISTRIBUTOR ** _____

MRO (Maintenance or Repair Operation) _____ END USER _____

GOVERNMENT AGENCY _____

**If you selected 'DISTRIBUTOR' above, then check the appropriate product groups below.

FASTENERS: _____ HAND TOOLS: _____ CUTTING TOOLS: _____
MEASURING TOOLS: _____ HYDRAULICS/PNEUMATICS: _____
METAL SHAPES: _____ OIL SEALS/O-RINGS: _____ GENERAL LINE: _____
MECHANICAL POWER TRANSMISSION EQUIPMENT: _____ BEARINGS: _____
ELECTRICAL/ELECTRONIC: _____ PLUMBING SUPPLIES: _____

REFERENCES: (must have had activity within 1 year.)

BANK NAME: _____ ACCOUNT # (must have) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER:_(____)_____ EXT.: _____

FAX NUMBER:_(____)_____

E-MAIL ADDRESS: _____

REFERENCE No. 1 COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER:_(____)_____ EXT.: _____

FAX NUMBER:_(____)_____

REFERENCE No. 2 COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER:_(____)_____ EXT.: _____

FAX NUMBER:_(____)_____

I hereby authorize Maryland Metrics to request credit information from the above listed banks and trade credit references.

SIGNATURE: _____ TITLE : _____ DATE: _____

Maryland Metrics (credit dept.)
P.O.Box 261
Owings Mills, MD 21117-0261 USA

*** Permission is hereby granted to print out and photocopy this particular page for the express purpose of submitting a credit application to Maryland Metrics.