



## Credit Application

### Instructions

Fill out this form in its entirety and sign below.

When complete, please fax, or email the application and all supporting documents to:

Fax: (301) 499-9400 or email [cscott@reagg.com](mailto:cscott@reagg.com).

### **PART I - COMPANY INFORMATION**

BUSINESS TRADE NAME		PARENT COMPANY (if different)		BRANCH <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION <input type="checkbox"/> OTHER _____		TAX ID (EIN)			
BILLING STREET ADDRESS				CITY, STATE, ZIP					
CORPORATE HEADQUARTERS ADDRESS				CITY, STATE, ZIP					
OWNER OR PRINCIPAL STOCKHOLDER				TELEPHONE		EMAIL			
ACCOUNTS PAYABLE CONTACT		TELEPHONE		FAX		EMAIL			
APPLICANT TYPE (Circle One): CORPORATION PARTNERSHIP SOLE-PROPRIETORSHIP GOVT/MILITARY INDIVIDUAL OTHER: _____									
SELECT ALL STATES WHERE YOU ARE QUALIFIED TO DO BUSINESS (circle): MARYLAND (MD) VIRGINIA (VA) DISTRICT OF COLUMBIA (DC) OTHER: _____									
BUSINESS LICENSE NUMBERS:		MD		VA		DC		OTHER: _____	
				STATE OF INCORPORATION		YEAR OF INCORPORATION			
DESIRED LINE OF CREDIT \$ _____ USD		P.O. REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	PAYMENT METHOD (select one): CHECK <input type="checkbox"/> WIRE TRANSFER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>			BONDING AGENT (if required)		TELEPHONE	

### **PART II - BANK INFORMATION**

BANK NAME (CHECKING)		ACCOUNT NUMBER		CONTACT PERSON		TELEPHONE	
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### **PART III - TRADE REFERENCE**

<b>COMPANY NAME (1)</b>		ACCOUNT NUMBER		TELEPHONE		FAX	
STREET ADDRESS				CITY, STATE, ZIP			
CONTACT PERSON				CONTACT PERSON EMAIL			
<b>COMPANY NAME (2)</b>		ACCOUNT NUMBER		TELEPHONE		FAX	
STREET ADDRESS				CITY, STATE, ZIP			
CONTACT PERSON				CONTACT PERSON EMAIL			
<b>COMPANY NAME (3)</b>		ACCOUNT NUMBER		TELEPHONE		FAX	
STREET ADDRESS				CITY, STATE, ZIP			
CONTACT PERSON				CONTACT PERSON EMAIL			



**PART IV - CONSENT OF TERMS**

The Customer hereby certifies that all statements made are true and complete, are submitted for the purpose of obtaining credit, and that ReAgg LLC and/or its affiliates may rely on them for such determination. The Customer authorizes ReAgg LLC and/or its affiliates to obtain such information as may be required regarding the statements made in this application and agree that this application shall remain the property of ReAgg LLC, regardless of credit decision. ReAgg LLC may require personal guarantees from the appropriate corporate officers or principals of the entity requesting credit. This includes but is not limited to a credit card guarantee, a bank letter of credit, and/or an operating deposit.

ReAgg LLC is authorized to answer questions about the credit history between ReAgg LLC and Customer. The Customer certifies that they have the appropriate authority to request credit and to enter into this Agreement, if approved. The Customer also understand there is no obligation to purchase services and/or products from ReAgg LLC and/or its affiliates, regardless of credit decision.

The Customer understands and agrees that the terms of credit are net (10) days. If the Customer’s account remains outstanding for more than 10 days, the Customer agrees to pay a finance charge of 1½% per month (18% per annum) on any outstanding balance. If all or any part of this account should become overdue and placed in the hands of an attorney or other agency for collection, the Customer will be required to pay attorney and/or collection fees of a reasonable amount.

The Customer signs this Agreement in good faith and understands that signing this application is authorizing ReAgg LLC to obtain a consumer credit report and to contact our bank and/or trade references to evaluate the Customer’s credit in connection with this application.

<b>PRINTED NAME OF CUSTOMER</b>	<b>TITLE OF CUSTOMER</b>
<b>SIGNATURE OF CUSTOMER</b>	<b>DATE SIGNED</b>

**ReAgg LLC**

Phone: (301) 336-6700 • Fax: (301) 499-1950 • www.reagg.com  
4714 Cremen Road, Temple Hills MD 20748

<b>OFFICIAL USE ONLY – DO NOT WRITE IN THIS AREA</b>			
<b>APPROVED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>D&amp;B:</b> _____	<b>LIMIT:</b> _____	<b>DATE:</b> _____