



ACC TELECOM
 8335 Guilford Road STE H Columbia MD 21046
 410-995-0101 | 888-226-2216 | 410-995-0129 fax

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION

Legal Business Name:		
Trade Name/DBA/Parent Company:		
Type of Business:		
Date business commenced:		State of Organization:
Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Other_____		
Phone:	Fax:	E-mail:
Tax ID#:	Yr-End PBT:	Website Address:
Registered company address:		
City:	State:	ZIP:
Billing Address (if other than above):		
City:	State:	ZIP:
Principle Name (1):	Title:	%Ownership:
Principle Address (1):	State:	ZIP:
Principle Name (2):	Title:	%Ownership:
Principle Address (2):	State:	ZIP:
Principle Name (3):	Title:	%Ownership:
Principle Address (3):	State:	ZIP:
If more than three Principals, please attach separate sheet listing information.		

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Financial Institution:		
Address:	Phone:	
City:	State:	ZIP Code:
Contact:	Phone:	
Type of account:	Account number:	Unpaid balance
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

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Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice or as specified per contract terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ACC TELECOM to make inquiries into the banking and business/trade references that you have supplied.

NOTICE: I, THE UNDERSIGNED, HEREBY AUTHORIZE THE HARBOR CITY CORPORATION T/A ACC TELECOM TO VERIFY CREDIT STATUS AND TO CONTACT CREDIT REFERENCES TO ESTABLISH CREDIT. I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE. THIS INFORMATION HAS BEEN FURNISHED WITH THE UNDERSTANDING THAT IT IS TO BE USED TO DETERMINE THE AMOUNT AND CONDITIONS OF THE CREDIT TO BE EXTENDED. FURTHERMORE, I HEREBY AUTHORIZE THE FINANCIAL INSTITUTIONS LISTED IN THIS CREDIT APPLICATION TO RELEASE NECESSARY INFORMATION TO THE COMPANY FOR WHICH CREDIT IS BEING APPLIED FOR IN ORDER TO VERIFY THE INFORMATION CONTAINED HEREIN.

SIGNATURES

Signature of Guarantor:

By(Signature):

By(Signature):

Company:

Company:

Title:

Title:

Date:

Date: