



CITY GROUP, INC.

8301 – D Patuxent Range Rd. Jessup, MD 20794

Phone 301-498-6600 / Fax 301-498-6629

Credit Application

Company Name: _____
Street Address: _____
City / State / Zip: _____
Phone Number: _____ Fax Number: _____
Accounting Contact: _____

Business Form: Corporation Partnership Proprietorship
Federal ID _____ - _____ or SSN# _____

Bank Reference:
Name _____ Phone Number _____
Address _____ Contact _____
City / State _____ Account Number _____
Tax Exempt Number _____

(Please attach a copy of your Exemption Certificates)

Trade References:

1. Name _____ Phone Number _____
Address _____ Contact _____
City / State / Zip _____ Phone Number _____

2. Name _____ Contact _____
Address _____
City / State / Zip _____

I understand that payment on open account shall be due in full within 30 days from invoice date. Any amount open beyond 30 days may receive a past due fee of 1 ½ % per month. Additional fees of 25% of cost will be added if account is referred to an attorney for collection.

Authorized Signature _____

Title _____

Date _____

Please mail original back to above address