

Company Credit Application

Please read carefully, this is a **Binding Credit Contract**. In consideration of credit being granted to me or to my assigned agent(s), I agree fully to the following:

1. The terms of sale are Net-15. Any charges not paid by the conclusion of 15 days from receipt of final invoice will be billed to the credit card on file, with the applicable 4% fee.
2. To notify creditor of any change of ownership or address within 30 days.
3. If this account is placed in collections, I agree to pay all reasonable charges including attorney's fee, and further agree that a charge of 20% of the amount of the claim shall be considered reasonable as a fee.
4. Any legal action to collect outstanding receivables shall take place in the State of Virginia and all Virginia laws shall apply.

Company Name: _____ Federal Tax Id #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Name of Primary Contact: _____

Email Address of Primary Contact: _____

Name of Accounts Payable Contact: _____

Email Address of Accounts Payable Contact: _____

Credit Card #: _____ Expiration Date: _____

Name on Card: _____

Complete Billing Address: _____

Signature of Card Holder: _____

I hereby agree to the terms and conditions as stated in the above Credit Contract Conditions:

Signed: _____ Date: _____

PLEASE SIGN AND FAX TO: (703) 820-2054 or E-mail info@DistrictCrust.com

Approved : _____ Date: _____