

# MAISEL BROTHERS INC

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16 – 8<sup>TH</sup> AVE NW  
GLEN BURNIE, MD 21061  
Fax 410-761-8251

## CASH ACCOUNT APPLICATION:

**Company Name:** (as you want your account to read) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**\*Drivers Lic #** \_\_\_\_\_

**(\*PROVIDE COPY OF DRIVERS LICENSE)**

**Type of business:** Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC: \_\_\_\_\_

**Business Established** (mo. & yr) \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**(\*REQUIRED INFORMATION)**

**President:** \_\_\_\_\_ **Vice President:** \_\_\_\_\_

**Other names associated with business:** \_\_\_\_\_

## INSTRUCTIONS

### Authorized users:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### Charge card on file: (Authorizing purchases to be charged to card)

**Name on card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Security Code** \_\_\_\_\_ **Billing address for card: Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

**Printed name: (\*required information)** \_\_\_\_\_

**Application received by:** TM \_\_\_\_\_ PM \_\_\_\_\_ AL \_\_\_\_\_ BD \_\_\_\_\_ EM \_\_\_\_\_ SS \_\_\_\_\_ SM \_\_\_\_\_ Other \_\_\_\_\_