

PO Box 267 Glen Burnie, MD 21060

#16 8th Avenue, N.W. Glen Burnie, MD 21061

Phone: 410-766-0550 Fax: 410-761-8251

Dear Applicant,

Enclosed is an application for credit with Maisel Brothers, Inc. Please complete the application, including original signatures and return it to the address listed below.

- All applications must be signed by the Owner or by a principal officer of the company.
- We do not accept stamped, digital, or copies of signatures. They must be original live ink signatures.
- Please list supplier references. Please do not list contractors, sub-contractors, cash accounts, COD or credit card accounts such as Lowes or Home Depot.
- Please include an Authorized Buyers list if applicable and any terms for purchasing such as PO numbers, job names etc.
- If your company is sales tax exempt, please include a copy of the Tax Exemption Certificate or Resale Tax Certificate.
- We ask that all personal guarantees on our credit application be signed by the owner(s) of the company.

Upon receipt of the original application, please allow our credit department 7-10 business days to process the application.

Please mail your original credit application to:

Maisel Brothers, Inc PO Box 267 Glen Burnie, MD 21060

Thank you for applying with Maisel Brothers, Inc. If you have any questions, please feel free to contact the credit department at 410-766-0550, option 2.

Bryan Koslosky *Credit Manager* Bryan.koslosky@maiselblock.com

MAISEL BROTHERS INC

P.O. BOX 267 #16 – 8TH AVE NW GLEN BURNIE MD 21060

www.maiselblock.com

PHONE 410-766-0550 FAX 410-761-8251

CREDIT APPLICATION

Company Name:				
Company Address:				
City:		State:	Zip Code:	
Phone:		Fax:		
Cell Number:	Email Address: _			
Type of Business:				
Individual Ownership Pa	artnership	Corporation (Date of Inc.	:)	
LLC (Date:) Ret	tail Wholesale	Other (Please De	scribe :)
Business Established (Month/Year):	State of	Formation:		
Tax Id:	Years i	n business:		
President:	Vice Presid	ent:		
**************************************	********	*******	******	******
Name:		SSN:		
Relationship to the Company:				
Home Address:				
City:		State:	Zip Code	:
Home Phone:	Drivers Lic #:			
Spouse:		Spouse SSN:		
Other Owned Property – Please Complete Ad	dresses			
1. Address:		City	State	Zip
2. Address:		City	State	Zip
3. Address:		City	State	Zip
4. Address:		City	State	Zip
Which products will you most likely be purch	asing?			
Are you currently working with a sales rep? I	f so- who?			
Payables Contact Information:				
Email Address for Daily Invoices:				
Email Address for Monthly Statements and In	nvoices (if different than abo	ove):		
Purchase Order required? Yes No	Job Name Required? Yes_	No		

Please provide a list of Authorized Purchase	rs for your Account:				
1		2			
3		ı			
5		Ó			
Supplier References (Vendors in which you	currently have a credi	account with):			
1. Company Name:		City/State:			
Phone#:	Fax# or Ema	ail Address:			
2. Company Name:		City/State:			
Phone#:	Fax# or Ema	nil Address:			
3. Company Name:		City/State:			
Phone#:	Fax# or Ema	nil Address:			
4. Company Name:					
		mail Address:			
I agree to keep my account current and unders discount purposes, and due in full on the last d thirty days will be subject to finance charges o immediate collection at MBI's sole discretion. In the event my account is placed with an acconsumer account) plus all costs of collection nature they may be. Venue for litigation involved Circuit Court of Maryland for Anne Arundel C All special pricing is subject to our payment given by MBI are not to be considered exact are or shortages created by utilizing our general est. I agree that this agreement supersedes and replacement to my account without regard to any tershall not be valid unless signed by MBI in ackretical control of the state of the supersedes and replacement to my account without regard to any tershall not be valid unless signed by MBI in ackretical control of the supersedes and replacement to the supersedes and replacement to my account without regard to any tershall not be valid unless signed by MBI in ackretical control of the supersedes and replacement to the supersedes and the supersed to the supersedes and the supersedes and the supersedes and the	ay of the month following of 1½% monthly (18% attorney for collection, it is is fair and reasonable ounty and any dispute sterms and conditions. In the are to be used for gentimates, and any such or aces any previously significant of the month of the collection.	Ing the statement date for all annually), and your account annually), and your account annually), and your account a hereby agree that attorned and that I will pay all fewer in either the District Count hall be governed by the law Any measurements, material estimating purposes on verages or shortages are the med agreements with MBI and agreements with MBI and account of provided by	d other purposes. All balant will be placed on credit he will be placed on credit he y's fees in the amount of es and expenses incurred to f Maryland for Anne A of the State of Maryland. All take off's and/or materially. Customer assumes the sole responsibility of the Cond the terms contained here	acces outstanding over cold and reviewed for 33.33% (15% for a by MBI of whatever rundel County or the al quantity estimates risk of any overages customer.	
By signing below:					
I certify that all information on this A forth herein, and I hereby represent thapplicant.					
On behalf of(Company name)	identified above.		ersonal Guarantor		
			re required if married)		
Signature:(Owner or Corporate Officer)	(Sealed)	Signature:		(Sealed)	
Title:		Date:			
Date:		Spouse:		(Sealed)	

Date: __