

Maxim Systems, Inc.

www.maximsystems.net

Physical Location

Maxim Systems, Inc.

4142 Melrose Avenue NW

Complex # 12

Roanoke, Virginia 24017

Telephone (540) 265-9050

FAX (540) 265-9053

e-mail: info@maximsystems.net

Remit To:

Maxim Systems, Inc.

P.O. Box 114

Roanoke, VA 24002

Fed ID# 54-2038827

CREDIT APPLICATION

DATE _____

Company Name: _____

Federal ID # : _____

Billing Address: _____

City: _____

State/Zip: _____

Shipping Address: _____

City: _____

State/Zip: _____

Telephone: _____

Fax: _____

Corporation: _____ Partnership: _____ Proprietorship: _____

Years in Business (Date Started) _____

*****If sales tax exempt, you must include a Sales Tax Exempt Form with application*****

Owners or Company Officers:

NAME/TITLE

ADDRESS

TELEPHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maxim Systems, Inc.

BANKING REFERENCE:

Bank Name: _____
Account #: _____
Address: _____
City: _____
State/Zip: _____
Telephone: _____
Fax: _____
Contact: _____
D&B Number: _____

TRADE REFERENCES:

- 1) Company Name: _____
Address: _____
City: _____
State/Zip: _____
Telephone: _____
Fax: _____
Contact: _____

- 2) Company Name: _____
Address: _____
City: _____
State/Zip: _____
Telephone: _____
Fax: _____
Contact: _____

- 3) Company Name: _____
Address: _____
City: _____
State/Zip: _____
Telephone: _____
Fax: _____
Contact: _____

All invoices are due to be paid in terms of Net 30 Days. Past due amounts are subject to interest charges of 1-1/2% per month or 18% per annum plus costs of collection including attorney fees. All returned materials are subject to restocking fee and must have a return authorization from Maxim Systems, Inc.

The undersigned certifies the above information to be correct, that it is submitted for the purpose of obtaining credit, agrees to all terms stated and condition of sale of Maxim Systems, Inc. and is authorized to sign on behalf of the company.

Signature: _____
Print: _____

Date: _____
Title: _____