

CREDIT APPLICATION
Wind River®
PO Box 823 Manassas Park, VA 20113

Telephone: 800-345-2530 | 703-361-9590

Fax: 703-392-1334

Company Name:
Ship To Address

Owner:
Address:

Bill To Address

Fed EIN, SSN or BIN #:

Contact Person:

A/P Contact Person:

Telephone

Fax

Email

Tax Exempt Resale (USA):

Length of Time in Business

D&B #:

Registration #:

Bank:

Amount of Credit Requested:

Account # \$500 - 5,000

Contact Person: \$5,000 - \$10,000

Address:

Telephone:

Fax:

Trade References

Please include fax numbers for each reference

Company Name

Company Name

Account #

Account #

Address:

Address:

Phone

Phone

Fax

Fax

Email

Email

Company Name

Company Name

Account #

Account #

Address:

Address:

Phone

Phone

Fax

Fax

Email

Email

The undersigned agrees the prompt and full payment of all present and future indebtedness to QMT Associates, Inc. and in the event of default, authorizes QMT Associates, Inc. to proceed against the undersigned for the full amount due including attorney's fees and costs necessary for collection.

Please note QMT's terms and conditions of sale on the back of this form.

Signature

Print Name

Date

All information will be kept in the utmost confidence.