

MARYLAND METRICS - Credit Application by Fax or Mail

Please use this printable form if you would like to submit a credit application via fax or mail.

Please complete the form below with enough information to assure accurate processing of the credit application. Our Fax numbers are: (800) USA-9-FAX [800-872-9329] or (410) 358-3142. If you are submitting credit information on your own form, then just complete any items which are requested on our form, but are not included on your form.

Please check here _____ if you are also submitting credit information on your own form.

COMPANY NAME: _____
SHIPPING ADDRESS: _____
2nd SHIP ADD. LINE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: (____) _____ EXT.: _____
FAX NUMBER: (____) _____
E-MAIL ADDRESS: _____
YEAR BUSINESS WAS ESTABLISHED: (must have) _____

BILLING NAME and ADDRESS IF DIFFERENT THAN ABOVE: (You may omit any information in the billing section below which is duplicated in the above shipping section.)

COMPANY NAME: _____
BILLING ADDRESS: _____
2nd BILL ADD. LINE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: (____) _____ EXT.: _____
FAX NUMBER: (____) _____
E-MAIL ADDRESS: _____
Into what business category would your organization fit?

OEM (Original Equipment Manufacturer) _____ DISTRIBUTOR ** _____

MRO (Maintenance or Repair Operation) _____ END USER _____

GOVERNMENT AGENCY _____

**If you selected 'DISTRIBUTOR' above, then check the appropriate product groups below.

FASTENERS: _____ HAND TOOLS: _____ CUTTING TOOLS: _____
MEASURING TOOLS: _____ HYDRAULICS/PNEUMATICS: _____
METAL SHAPES: _____ OIL SEALS/O-RINGS: _____ GENERAL LINE: _____
MECHANICAL POWER TRANSMISSION EQUIPMENT: _____ BEARINGS: _____
ELECTRICAL/ELECTRONIC: _____ PLUMBING SUPPLIES: _____

REFERENCES: (must have had activity within 1 year.)

BANK NAME: _____ ACCOUNT # (must have) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER:_(____)_____ EXT.: _____

FAX NUMBER:_(____)_____

E-MAIL ADDRESS: _____

REFERENCE No. 1 COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER:_(____)_____ EXT.: _____

FAX NUMBER:_(____)_____

REFERENCE No. 2 COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER:_(____)_____ EXT.: _____

FAX NUMBER:_(____)_____

I hereby authorize Maryland Metrics to request credit information from the above listed banks and trade credit references.

SIGNATURE: _____ TITLE : _____ DATE: _____

Maryland Metrics (credit dept.)
P.O.Box 261
Owings Mills, MD 21117-0261 USA

*** Permission is hereby granted to print out and photocopy this particular page for the express purpose of submitting a credit application to Maryland Metrics.