

**AARD, INC.**

4625 E. Princess Anne Rd. Norfolk, VA 23502  
**FAX: 757-853-0352 PHONE: 757-853-7641**  
**800-446-8051**

**CREDIT APPLICATION**

Please return completed Credit Application and  
 applicable Sales Tax Exemption Certificates to:  
**Fax: 757-853-0352**  
**E-Mail: mimi@aardalltuf.com**

**COMPANY INFORMATION**

Company name:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Date business commenced:

Federal ID #

Sole proprietorship:

Partnership:

Corporation:

Other:

**BANK REFERENCE**

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

**NAMES OF PRINCIPALS, ADDRESSES, AND PHONE NUMBERS**

Name and Address:

Phone:

Name and Address:

Phone:

**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City and State:

ZIP Code:

Account #

Phone:

Fax:

E-mail:

Company name:

Address:

City and State:

Zip Code:

Account #

Phone:

Fax:

E-mail:

Company name:

Address:

City and State:

ZIP Code:

Account #

Phone:

Fax:

E-mail:

**AGREEMENT**

All invoices are to be paid within 30 days from the date of the invoice. A 2% per month late charge will be added to all past due accounts. In the event of a default in payment, buyer agrees to pay all costs associated with the collection of the balance.

By submitting this application, you authorize AARD INC to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:

Date:

Title:

Date: