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Baltimore, MD 21227
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Return form to:
PGCredit@curtisPS.com

NEW CUSTOMER APPLICATION

****FILL OUT ELECTRONICALLY AND COMPLETE ALL FIELDS****

		Trade Name:			
Physical Address:					
Billing Address:		City	Sto	ate	Zip
	Fax:Ov	City		^{ate} Proprietorship _	<i>zip</i> Other
Description of Business:	·				
At Present Location since	e (date): Yea	r Established:	# of Employ	ees:	
Contact Person(s): (All 3	Required)				
Email Address for State	ments and Invoices:				
Purchasing:	Title: _		E-mail:		
Accts Payable:	Titl	e:	E-mail:		
Has the business or any	principal ever declared bankr	uptcy? 🗌 Yes 🔲 No If y	ves, date filed:		
Are there outstanding lie	ens or judgments? 🗌 Yes 🔲	No DUNS #		(Required)	
	(Required) Sales				certificate
	d? Yes No Credit An	-		-	
Sonding Company Contact Name:					
	Contact Name:		Phone:		
Insurance Company	Con	tact Name:	Phor	Je.	
		tact Name:	Phor	ne:	
		tact Name: Checking Balance		ne:	
Bank Information (Attac Acct#	chments Acceptable)	Checking Balance	Savings Balance	Loan Balance	
Bank Information (Attac Acct#	Chments Acceptable) Contact/Phone#	Checking Balance	Savings Balance	Loan Balance	
Bank Information (Attac Acct# 12.	Chments Acceptable) Contact/Phone#	Checking Balance	Savings Balance	Loan Balance	
Bank Information (Attace Acct# 1	Chments Acceptable) Contact/Phone#	Checking Balance \$\$ \$\$	Savings Balance	Loan Balance	
Acct# 1 2 Trade References (Attaccompany	Chments Acceptable) Contact/Phone# Chments Acceptable)	Checking Balance \$\$ \$ sate, Zip)	Savings Balance \$ \$ Tel#/Fax#	Loan Balance \$ \$ Account#	
Acct# 1 2 Trade References (Attaccompany) 1	Chments Acceptable) Contact/Phone# Chments Acceptable) Address (City, St	Checking Balance \$\$ \$ sate, Zip)	Savings Balance \$ \$ Tel#/Fax#	Loan Balance \$ \$ Account#	
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Acct# 1 2 Trade References (Attaccompany) 1 2 3 Signature of Owner/Prii We give authorization to re	chments Acceptable) Contact/Phone# chments Acceptable) Address (City, St	Checking Balance \$\$ sate, Zip) Partner (Electronic Signatu	\$ \$ Tel#/Fax#	Loan Balance \$ \$ Account#	
Bank Information (Attack Acct# 1 2 Trade References (Attack Company 1 2 3 Signature of Owner/Prii We give authorization to re be kept confidential and us We hereby certify that all s invoices are due and payabl	chments Acceptable) Contact/Phone# chments Acceptable) Address (City, St	Checking Balance \$\$ \$ ate, Zip) Partner (Electronic Signatu history to this organization. A true and complete and made invoice. If not paid as agreed,	\$s Tel#/Fax# ire Acceptable) ny information obtain for the purpose of owe promise to pay a	Loan Balance \$ \$ Account# med by Curtis Power Staining credit. We affinance charge of 1.5	Solutions will

Curtis Power Solutions Use Only- Procede Account #_____ Date Created __