

Above and Beyond, Inc. – Credit Application

By signing this application, I authorized Above and Beyond, Inc. to contact all parties listed herein by Applicant and give permission for the parties to release credit related information. I warrant that the information given in this credit application is correct and true and that I have authority to sign on behalf of the business seeking credit (Applicant).

Above and Beyond, Inc. may also contact credit reporting agencies to assist in extension of credit. All credit is extended at the sole discretion of Above and Beyond, Inc. who may increase, decrease, or terminate any credit availability at any time.

All information is held in strict confidence.

Should there be a breach or default by the Applicant, costs and expenses involved with collecting the debt shall be at the expense of the Applicant. By signing this application, Applicant agrees to all service and payment terms and conditions posted on Above and Beyond, Inc.'s website located on the internet at www.aboveandbeyondiad.com. Payment terms are due within 30-days of receipt of invoice.

Please return credit application to Gina DeHaut at (gina.dehaut@aboveandbeyondiad.com) or eFax at 703-742-9082.

Mail payments to:

Above and Beyond, Inc.
45190 Prologis Plaza, Suite 165
Sterling, VA 20166
Attn: Accounts Receivable

Accounting Contact:

Gina Dehaut (gina.dehaut@aboveandbeyondiad.com)
Phone: 703-742-9050 x 111
eFax: 703-742-9082

Fax Credit Application to:

eFax: 703-742-9082
Attn: Credit Application

Above and Beyond, Inc. – Credit Application

Applicant Contact Information:

Application Date: _____
Legal Business Name: _____
Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Date Business Established: _____ IRS or Social Security Number: _____
Main Phone: _____ Fax: _____

Principal Responsible for Business Transactions:

Name: _____ Title: _____ Phone: _____

Accounting Contact:

Payables Contact Name: _____
Email Address: _____
Office Phone: _____
Office Fax: _____

Invoice Receipt Preference (Please check one):

Emailed: Mailed:

Bank References:

Bank Name: _____
Bank Branch Address: _____
Account Number: _____
Bank Contact: _____
Bank Contact Phone: _____
Bank Contact Email: _____
Branch Fax: _____

Trade References (Please provide three):

Company Name: _____
Contact: _____
Phone: _____ Fax: _____ Contact Email: _____

Company Name: _____
Contact: _____
Phone: _____ Fax: _____ Contact Email: _____

Company Name: _____
Contact: _____
Phone: _____ Fax: _____ Contact Email: _____

Applicant Authorization for Release of Credit Information:

Officer's Signature: _____
Title: _____ Date: _____