



17319 Blaine Drive  
Hagerstown, MD 21740

Phone: 301-797-6500 Option #5  
Email Completed Credit App:  
[accounting@blainewindow.com](mailto:accounting@blainewindow.com)

# Institutional Vendor Agreement

Government and Public Entities Only

Account No: \_\_\_\_\_

## FOR OPEN ACCOUNTS ONLY

### AGREEMENT MUST BE COMPLETE TO RELEASE INITIAL ORDER

Please complete all sections in full of accurate *Phone and Fax Numbers*. Incomplete applications may not be approved.

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Date Started \_\_\_\_\_ No. of Employees \_\_\_\_\_ Email \_\_\_\_\_

Type (please circle): Government ( State City or County ) Military Hospital Prison  
Housing Authority Public College/University Public School

Federal Tax ID # \_\_\_\_\_ SPECIAL REQUEST FOR TERMS OTHER THAN NET 30 DAYS: YES NO

\*Please Attach Tax Exemption Certificate IF YES, TERMS REQUESTED: \_\_\_\_\_

Purchase Order Required: YES NO INVOICE PREFERENCE (please circle): Mail Email or Fax

BILL TO ADDRESS:	SHIP TO ADDRESS:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

PROCUREMENT CONTACT:	ACCOUNTS PAYABLE:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

**Terms: Net Due 30 days from invoice date unless otherwise approved. We certify that all the information on this form is correct. Accounts over 30 days or approved special terms will be placed on temporary credit hold. Should it be necessary to assign the account to a licensed collection agency or attorney for legal action, all subsequent interest, collection, and legal fees shall be paid by the applicant. We certify that all the information on this form is correct and that we fully understand and agree to the credit terms.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Credit Limit \_\_\_\_\_

Date Approved \_\_\_\_\_

Not Approved/Date \_\_\_\_\_

Reason \_\_\_\_\_