

APPLICATION FOR OPEN ACCOUNT



Ph: 703-821-8200

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principals \_\_\_\_\_

A/P Contact \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_

**General Information:**

How long in business? \_\_\_\_\_ D&B Rating? \_\_\_\_\_

Is your company a division or subsidiary of another company? \_\_\_\_ yes \_\_\_\_ no

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Credit Information:**

Your Bank \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

**Business Reference** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

**Business Reference** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

**Business Reference** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

**Customer Agrees:**

1. That invoices not paid within 30 days will be assessed at 1.5% per month on the unpaid balance.
2. That in the case of default in payment, customer will pay reasonable attorneys' fees and court costs incident to any formal collection proceeding that may be required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FAX or MAIL TO:

COMPUTERWARE, INC.  
 8480-I TYCO ROAD  
 VIENNA VA 22182-2266  
**FAX: 703-821-1746**

Please write name  
 of sales rep if known:  
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