



Unlimited Services Systems Management and Consultants

USSMC Accounting and Finance  
9701 Apollo Drive, Suite 200, Largo, Maryland 20774:

**For Credit Card Payments Only Authorization Fax To: 301-322-8761 or email to [campbell@ussmc.com](mailto:campbell@ussmc.com) or [ivory@ussmc.com](mailto:ivory@ussmc.com). Thank you.**

Cardholder's Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Billing Address For Card: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Check Card \_\_\_\_\_ or Credit Card \_\_\_\_\_

Type of Card: - Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Expiration Date MM/YYYY \_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Purpose of Transaction: \_\_\_\_\_

Purchase Order Number(Ⓢ to be completed by  
USSMC) \_\_\_\_\_

Three Digit Code Found on Back of Card: \_\_\_\_\_

Total Amount of Transaction Amount Authorized: \_\_\_\_\_

Person Who Authorized Transaction: \_\_\_\_\_

Approved Transaction

Signature: \_\_\_\_\_

Approval Code/Reference Number(Ⓢ to be completed by  
USSMC) \_\_\_\_\_

Approval Information Forwarded to Customer: \_\_\_\_\_ Yes \_\_\_\_\_ No



Unlimited Services Systems Management and Consultants

USSMC Accounting and Finance

9701 Apollo Drive, Suite 200, Largo, Maryland 20774:

USSMC Account

Name \_\_\_\_\_ (please print)

USSMC ACCT# \_\_\_\_\_

I, the undersigned, authorize USSMC to electronically withdraw payment for charges on my USSMC account.

**1. PLEASE SELECT ONE OR BOTH OF THE FOLLOWING OPTIONS**

a. I want the amount billed to be deducted from my account as a recurring charge:  
(Please circle one) YES NO Recurring Amount: \_\_\_\_\_

b. I want this authorization as a ONE TIME charge ONLY.  
One Time Charge Amount\$ \_\_\_\_\_

**2. Complete the following:**

a. Name on the Bank

Account \_\_\_\_\_

(Numbre es que esta en la cuenta de el banco). Note : This is the name that is the name that is on your banking account which may or may not be the same as your USSMC account name)

b. Telephone Number: \_\_\_\_\_  
(Numbre de el Banco)

c. Name of my Bank Facility: \_\_\_\_\_

Bank Address \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ Zipcode \_\_\_\_\_

**3. TYPE of Bank Account® please circle account type below**

a. Consumer Checking \_\_\_\_\_ b. Consumer Savings \_\_\_\_\_ c. Commercial  
Checking \_\_\_\_\_

4. Please send a copy of a VOIDED check from your bank OR complete items 4a&4b:

4a. Bank Account# \_\_\_\_\_ 4b. Bank Routing# \_\_\_\_\_

5. Authorized Signature \_\_\_\_\_

6. Print Authorized Name \_\_\_\_\_

7. Customer Email Address: \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE INFORMATION AND FAX TO:**

USSMC Finance and Accounting

Contact: Brenda Campbell or Robert Ivory

301-322-2247 Office or 301-322-8761 Fax

Email: [Campbell@ussmc.com](mailto:Campbell@ussmc.com) or [Ivory@ussmc.com](mailto:Ivory@ussmc.com)

Corporate: website: [www.ussmc.com](http://www.ussmc.com) for Online Account Information



Unlimited Services Systems Management and Consultants

USSMC Accounting and Finance

9701 Apollo Drive, Suite 200, Largo, Maryland 20774:

USSMC Account / Contract

Name \_\_\_\_\_ (please print)

USSMC ACCT# \_\_\_\_\_

## USSMC Online Account Billing and Invoicing Procedures:

For all transactions for USSMC payment, the customer has a couple of ways by which you can pay our organization.

### Government, Commercial and Private Customers

#### First Procedure: Credit Card Procedures:

**Credit Card: We accept Visa, MasterCard and American Express**

*You must complete a Credit Card Authorization Form via email or by fax.*

*After Processing we will send you a confirmation or reference number of successful processing.*

#### Second Procedure: Electronic Funds Transfer Authorization

##### For Commercial, Private or Government

**You must complete the attached Electronic Funds Transfer Authorization Form.**

**For the Government:**

*We are registered on CCR and ORCA.*

*We have a Cage Code, Duns and Federal ID*

*Therefore we have the ability to receive payment through ACH( Electronic Transfer Method) or through the Department of Defense, Defense Accounting Services(DFAS): WAWF ( Wide Area Workflow Process).*

#### Third Procedure: Credit Application

##### For Non Profits, Commercial Businesses and Private Consumer

*This procedure must be approved and verified. Half of the payment must be paid up front before the service can began. If approved you must submit one of the above forms of payment for which will be processed within 30 days*

**We thank you for allowing USSMC to serve you. We look forward to serving you again real soon.**



## CREDIT APPLICATION

### BILLING/SHIPPING INFORMATION

Official Company Name: \_\_\_\_\_

Bill to: \_\_\_\_\_ Ship to: (if different) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

### BUSINESS INFORMATION

Check One: ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Net Worth \_\_\_\_\_

D&B #: \_\_\_\_\_ Sales Per Year \_\_\_\_\_

President/CEO: \_\_\_\_\_ Treasurer/Controller: \_\_\_\_\_

VP/Finance: \_\_\_\_\_ A/P Manager: \_\_\_\_\_

Guarantor's Social Security Number: \_\_\_\_\_

### BANK INFORMATION

Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

### TRADE REFERENCES

Reference 1: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

**Prepared by** (signature) \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

***Please provide us with copies of all tax or financial***

**Please Fax to:** 301-322-8761 \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE INFORMATION EMAIL AND FAX TO:**

**USSMC Finance and Accounting**

**Contact: Brenda Campbell or Robert Ivory**

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**Corporate: website: [www.ussmc.com](http://www.ussmc.com) for Online Account Information**