



CREDIT APPLICATION

FIRM NAME _____ dba: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Shipping Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail Address: _____
 Contact Person: _____ Phone: _____ Fax: _____
 Type of Business: _____ Individual/Sole _____ Corporation _____ Partnership _____
 Accounts Payable: _____ AP Phone: _____ AP Fax: _____

BANK REFERENCE

Name: _____ Phone: _____ Fax: _____
 City: _____ State: _____
 Account Number: _____ Branch: _____

TRADE REFERENCES

1. Name: _____ Phone: _____ Fax: _____
 City: _____ State: _____
 2. Name: _____ Phone: _____ Fax: _____
 City: _____ State: _____
 3. Name: _____ Phone: _____ Fax: _____
 City: _____ State: _____
 4. Name: _____ Phone: _____ Fax: _____
 City: _____ State: _____

1. Full payment of invoice is due no later than 30 days from the date on invoice. Amounts overdue (net 30) will be subject to a late payment charge of 1.5% Per month.
2. Applicant understands that LRI will make our usual credit investigation and authorizes applicant's bank to release information which may include consumer and/or commercial credit report as needed by LRI.
3. Should it become necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
4. The undersigned agrees that all credit extended by LRI, shall be deemed subject to the terms agreed herein, and all invoices are payable and due.

Applicant's signature: _____ Title: _____ Date: _____

Thank you, we look forward to doing business with you and your company. Please return by US Mail.

