



APPLICATION FOR CREDIT AND AGREEMENT REGARDING CREDIT TERMS



The following information must be completed in full (incomplete information will result in a processing delay) and will be held in strict confidence.

BY

Full Legal Business Name or Individual Name _____ Date Business Started _____

Address _____ (If P.O. Box, include Street Address) _____ No. of Years at this Address _____

City _____ State _____ Zip _____ County _____

Business Telephone _____ Business Cell _____ Business Fax _____ EIN / TIN _____

Business Website Address _____ Business Email Address _____

State Type and Nature of Business _____

Have you previously applied for credit with Lessor? Yes No

If so, under what name? _____

Estimated Average Monthly Purchases \$ _____ Credit Line Requested \$ _____

OWNERSHIP Corporation Partnership Individual LLC Incorporated under the State Laws of _____

(1) Name(s) of Principal(s)/Owner(s) _____ Title _____ Social Security # _____ Date of Birth _____ % Owner _____

Residence Address _____ City _____ State _____ Zip _____ Residence Phone _____

(2) Name(s) of Principal(s)/Owner(s) _____ Title _____ Social Security # _____ Date of Birth _____ % Owner _____

Residence Address _____ City _____ State _____ Zip _____ Residence Phone _____

INSURANCE Name of Agency _____ Contact Name _____ Phone _____ Fax _____

FINANCE Name of Bank _____ Officer Handling Acct. _____ Phone _____ Acct. # _____

OPEN ACCOUNT CREDIT REFERENCES (1) Name of Business _____ Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ \$ Avg. of Monthly Purchases _____ Mo./Yr. of Last Purchase _____

(2) Name of Business _____ Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ \$ Avg. of Monthly Purchases _____ Mo./Yr. of Last Purchase _____

(3) Name of Business _____ Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ \$ Avg. of Monthly Purchases _____ Mo./Yr. of Last Purchase _____

BILLING INFORMATION Who is the Key Financial Decision Maker? Name _____ Title _____ Phone _____

Who is the Contact for Invoice(s)/Payment(s)? Name _____ Title _____ Phone _____

Will a Purchase Order be Used? Yes No Tax Exempt/Resale Number if Used _____

How you like to Receive Electronic Invoices/Statements? Email Fax Email or Fax #: _____

PLEASE SEE THE REVERSE SIDE FOR CREDIT TERMS AND CONDITIONS

