

Application for Credit

Business Name		Business Start Date				
Business Trade Name			Phone ()		
Physical Address		_ City	State	Zip		
Mailing Address		_ City	State	Zip		
Authorized Purchasing Agent						
Name of Bank		Account # or Officer's Name				
Address			Phone	()		
TRADE REFERENCES						
1						
Name	Address	(City	State	Zip	
Account # 2.	Contact			Phone		
Name	Address	(City	State	Zip	
Account #	Contact			Phone		
Name	Address	(City	State	Zip	
Account #	Contact			Phone		
access any and all credit reporti (a.) ability and willingness to pay it	TIONS 30 from invoice date. Any invoice beyond as owner / authorize agent of ing agencies regarding credit backgrou nvoices in accordance with LMI Standard Ided to accounts 30 days or more and: (c.	nd and financial resp I terms. (b.) Agreement	onsibility. Applic to pay a service	_ do hereby ant's signat fee of up to	authorize LMI to ure warrants: 1.5% per month	
Signature	Title			Date		
payment of all sums due and that	applicant for credit is a corporation, I re my signature, together with said corpora ms when due, or otherwise breaks the te	tion will make me lega	lly responsible fo			
Signature (Personal Guarantee)		Title				
Print Name		Social Security #				
		or Fax to				