



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

AGREEMENT

- All above information is true and correct.
- All invoices are net and due thirty (30) days from the date of the invoice. Any invoice amounts not paid within thirty (30) days after the due date shall bear interest at the maximum non usurious rate permitted by law (Currently 18% per annum) from the due date until paid.
- Customer is also responsible for any and all costs of collection (including, without limitation, reasonable attorney's fees) incurred by LMC Safety Barricade Corp. in collecting an overdue account.
- By submitting this application, you authorize LMC Safety Barricade Corp. to make inquiries into the banking and business/trade references that you have supplied.
- Below signed shall be an owner or officer of the above company and personally responsible for debts incurred under this account.

SIGNATURE

Print: _____ Title: _____ Date: _____	Sign: _____
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