



## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Company address:

City:

State:

ZIP Code:

Billing address if different

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Web address:

How long at current address

Yrs in business:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

### BUSINESS/TRADE REFERENCES (PLEASE SUBMIT THREE)

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Main Contact:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Main Contact:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Main Contact:

### AGREEMENT

1. Applicant agrees to pay for purchases when due. Applicant agrees to pay a service charge of 1.5% per month or the maximum rate allowable by law, which ever is less on past due amounts.
2. Applicant agrees to pay all legal/court fees and collection costs incurred in collecting the past due account.
3. By submitting this application, you authorize LOFA Industries, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title:  
Date:

Title:  
Date: