

LDM Products

196 Malden Turnpike, Saugerties, NY 12477

800-582-4971 • 845-246-2822 • PRINT OUT, FILL OUT, AND FAX: 845-246-3457

APPLICATION FOR CREDIT ACCOUNT AND AGREEMENT

| | | | |
|---|-----------|----------------|--------------------------|
| Name of Business | | Date | |
| Mailing Address or PO | | Phone # | |
| City | State | Zip | Fax # |
| Shipping Address Street | | | # of Full Time Employees |
| City | | | Approx. Annual Sales |
| Type of Business | | | |
| Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship | | | |
| CORPORATION: | | Vice President | |
| President | | | |
| Street | | Street | |
| City | State | Zip | City State Zip |
| PARTNERSHIP/PROPRIETORSHIP: | | Owner | |
| Owner | | Owner | |
| Phone | | Phone | |
| Have you ever purchased from LDM PRODUCTS before under a different organization name? If so please list: | | | |
| Have you ever compromised a debt or declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If so, please explain: | | | |
| REFERENCES: | | | |
| Bank Name | | Branch | Telephone # |
| Address | | | |
| Account# | | Contact | Fax # |
| TRADE REFERENCES: | | | |
| 1. Name | | Phone # | Contact |
| City | State Zip | Fax # | |
| 2. Name | | Phone # | Contact |
| City | State Zip | Fax # | |
| 3. Name | | Phone # | Contact |
| City | State Zip | Fax # | |
| ACCOUNTS PAYABLE CONTACT: Name | | | Telephone # |
| The above information is warranted to be true and is given for the purpose of obtaining credit from LDM PRODUCTS. I (WE) understand and agree that a 2% interest charge per month will be added to all overdue accounts. Should legal action be instituted to enforce payment of any outstanding balance, I (we) agree to pay all costs of suite and attorney's fees. | | | |
| Date | | Name (print) | |
| Title: Officer/Owner Only | | Signature | |