



CREDIT APPLICATION

LAC Credit Policies

Terms:
50% Up-Front 1st time job
Terms to be determined pending credit approval

DATE: _____

(Billing Address)

Company Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: _____

President/Owner: _____

Business Manager: _____

Accts Payable Manager: _____

Organizational Information:

- Corporation
- Partnership
- Company

Tax ID No or Social Security No: _____

How long in business? _____

Rated by Dun & Bradstreet? Yes No

If so, Duns # _____

In the event of default, in addition to the finance charges stated above, the applicant agrees to pay all attorney's or collection fees, court costs and other expenses reasonable incurred.

Amount of credit requested/month: \$ _____

COMMENTS:

FOR OFFICE USE ONLY

Rating: _____ Approved by: _____ Limit: _____

Mail Application to:
Cumplings Printing
PO Box 16495
Hooksett, NH 03106

Or fax to 603.623.5132

TRADE REFERENCES

Company _____
Contact _____
Phone _____
Fax _____
Street _____
City _____ State _____ Zip _____
Account # _____

Company _____
Contact _____
Phone _____
Fax _____
Street _____
City _____ State _____ Zip _____
Account # _____

Company _____
Contact _____
Phone _____
Fax _____
Street _____
City _____ State _____ Zip _____
Account # _____

BANK REFERENCES (REQUIRED)

Name of Bank _____
Street _____
City _____ State _____ Zip _____
Phone _____
Fax _____

Type of Acct:

- Checking Acct# _____
- Loan Acct# _____
- Savings Acct# _____

AUTHORIZED SIGNATURE

PRINTED NAME

Notes:

