



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

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Lund Equipment Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: _____ Title: _____

Date: _____ Date: _____