

CREDIT SALES APPLICATION

Date _____

Company Name _____

Subsidiary/Branch of _____

Phone _____ Email _____ DUNS # _____

Bill to Street Address _____

City, State, Zip _____

Ship to Address (if different than above) _____

Post Office Box/Zip (if applicable) _____ Federal EIN _____

Number of Years in Business _____ Estimated Annual Sales \$ _____ # of Employees _____

Type of Entity (Check One): Corporation (State of _____) / Partnership / Sole-owned

Subject to Sales Tax? Yes / No (If sales tax exempt, please attach exemption certificate.) **PO Required?** _____

Name of Accounts Payable Point of Contact _____

E-Mail Address of Accounts Payable Point of Contact _____

E-Mail Invoices? Yes / No (If yes, E-Mail address): _____

*Owner Information:

Name of Owner or Chief Officer _____ Title _____

Address _____ Social Security # _____

*Trade Reference:

Name _____ City/State _____ Email _____

Name _____ City/State _____ Email _____

Name _____ City/State _____ Email _____

*Bank Reference:

Name _____ City/State _____ Email _____

Terms. Credit terms are 30 days from the date of the invoice. Past due balances are subject to 1.5% per month interest. The undersigned authorizes all banks, persons, and companies to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, including court and reasonable attorney fees to collect delinquent balances, and that suit to enforce this agreement may be brought in the State of Wisconsin, Brown County. **

Signature _____ Title _____ Print Name _____

Personal Guarantee. In consideration for credit extended, the undersigned guarantees payment of all accounts of the company when due. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default and all other notices the guarantor might be entitled to. This guarantee shall inure to the benefit of and bind the heirs, administrators, executors, successors, or assigns of the parties hereto.

Signature _____ Print Name _____

Please return by email (ar@lforceinc.com) or fax (920) 491 2700

**All sales are also subject to the Terms and Conditions found at <https://lforceinc.com/terms-conditions/>, which are incorporated in full by this reference. The Terms and Conditions will be sent by mail or fax to the undersigned upon request. LaForce, LLC objects to any other additional or different terms in the Buyer's purchase order or acceptance.