

## 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.)

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 <http://lforceinc.com/about/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, Inc. objects to any other additional or different terms in the Buyer's purchase order or acceptance.