LYNN INDUSTRIES INC. APPLICATION FOR CREDIT

524 ANDERSON DR
ROMEOVILLE, IL 60446
Phone: 800-633-2948
Email attention to: Beth Meadows
bmeadows@hartindustries.net

Business Name_____Phone_____Fax_____

Correspondence Address_____

Business Name_____Phone_____Fax_____

Shipping Address_____

D/B/A_____Fed. Tax I.D. Number_____

Tax Status: Taxable_____ Exempt_____ Direct Pay_____

(If you indicate exempt OR direct pay, please include proper documentation)

Type of Business: Corporation_____ Proprietorship_____ Partnership_____

How long in business?_____

Has firm or any principals thereof filed bankruptcy? Yes_____ N0_____

Principal_____
(Name) (Title) (SSN) (Home Address)

Principal_____
(Name) (Title) (SSN) (Home Address)

Trade References: (Name suppliers of major products and services: Please include fax OR email)

1.)_____
(Name) (Address)

Phone_____**Email**_____

2.)_____
(Name) (Address)

Phone_____**Email**_____

3.)_____
(Name) (Address)

Phone_____**Email**_____

Bank References: Checking Account

_____
(Name) (Address) (Account) (Contact)

Would you prefer your invoices: Emailed_____ Faxed_____ Mailed_____

Accounts Payable Contact_____
(Name) (Phone) (Fax) (Email)

Applicant agrees to credit terms, net 30 days. Outstanding balances are subject to 1-1/2% per month interest.
Applicant agrees to pay any collection costs incurred to collect the account balance, including court costs, collection fees and attorney fees.

X_____ X_____
(Name) PRINT (Title) (Date) (Name) PRINT (Title) (Date)

PLEASE REMIT TO: **LYNN INDUSTRIES, INC**
524 ANDERSON DR
ROMEOVILLE, IL 60446

Hart Sales Rep_____