



CREDIT INFORMATION

Payable Information:

Firm Name: _____

Mailing Address 1: _____

Mailing Address 2: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Fax #: _____

E-mail: _____

Web Site: _____

Federal I.D. Number: _____

Years in Business: _____

Corporation Partnership Proprietorship

Names of Officers or Principals:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Business Description: _____

Current Trade References:

1. _____

Phone #: _____

Fax #: _____

Contact: _____

3. _____

Phone #: _____

Fax #: _____

Contact: _____

2. _____

Phone #: _____

Fax #: _____

Contact: _____

4. _____

Phone #: _____

Fax #: _____

Contact: _____

Bank Name: _____

Phone #: _____

Account #: _____

Contact: _____

We hereby authorize Lynn Industries to conduct any credit reference checks required with the above listed references. We understand and acknowledge that the standard terms of payment are Net 30 days and agree to pay within these terms. We also understand that a service charge of 1 ½% per month will be charged on all past due invoices.

Signed: _____ Title: _____ Date: _____