

Company Name: _____

Mailing Address: _____ City & State: _____ Zip: _____

Shipping Address: _____ City & State: _____ Zip: _____

Contact Name: _____ Email: _____

Telephone: _____ Fax: _____

Legal Entity: Corporation LLC Partnership Sole Proprietorship Joint Venture

NOTE: IF A CORPORATION, LIST NAMES OF OFFICERS, TITLES AND HOME ADDRESSES. IF OTHER ENTITY, LIST NAMES AND HOME ADDRESSES OF PARTNERS/OWNER.

Name/Title: _____ Address: _____

City & State: _____ Zip: _____

Name/Title: _____ Address: _____

City & State: _____ Zip: _____

Type of Business: _____ Years in Business: _____

Purchase orders: _____ Amount of Credit Desired: _____

Special ordering instructions: _____ Tax Exempt: _____
 If yes, please attach your tax exempt certificate

Bank Name: _____ Address: _____

Bank's City & State: _____ Zip: _____

Account Number(s): _____

Bank Contact: _____ Telephone: _____ Fax: _____

References: List 4 vendor references. You should list those that you conduct the most business with.

Name/Title: _____ Address: _____

City & State: _____ Zip: _____

Telephone: _____ Fax: _____

Name/Title: _____ Address: _____

City & State: _____ Zip: _____

Telephone: _____ Fax: _____

Name/Title: _____ Address: _____

City & State: _____ Zip: _____

Telephone: _____ Fax: _____

Name/Title: _____ Address: _____

City & State: _____ Zip: _____

Telephone: _____ Fax: _____

Applicant agrees to credit terms of Net 30 days, service charges of 1 1/2% per month added to outstanding balances of 30 days or more, and cost of collection including attorney's fees if more than 90 days delinquent. Signature of this application grant's permission to the above listed references to answer credit inquires submitted by D & L Thomas Equipment.

Signature: _____ Title: _____

Printed Name: _____ SS/EIN: _____ Date: _____