

CREDIT APPLICATION

Customer Name:					
Contact:	ct:Website:				
Business Address:					
Billing Address:					
City:		State:	Zip Co	de:	
Phone:	FAX:		E-mail:	E-mail:	
Fed. Tax ID#	Resale Permit #		Contractor's Lic. #		
ype of Business:			In business sinc	In business since:	
Form of Business: [] Co	orporation [] LLC [] Pa	rtnership [] Individual	or Sole Proprietorship)	
List all corporate office	rs, managing members,	general partners, indiv	vidual owners, and so	le proprietors:	
Name:	ame: Title:				
Home Address:					
Office #	Mobile #	Home #	SSN:		
Email:	Driver License #		State:	Exp.:	
Name:		Title:			
Home Address:					
Office #	Mobile #	Home #	SSN:		
Email:	Driver License #		State:	Exp.:	
Name:	Title:				
Home Address:					
Office #	Mobile #	Home #	SSN:		
Email:	Driver License #		State:	Exp.:	
Names of people author	rized to charge on your	account			

Please provide email address to receive invoices and s	statements (Required):
Do you require Purchase Orders? Yes / No	
Have you ever applied for credit with Lyngso Garden	Materials, Inc. under another name? Yes / No
If yes, what name?	
Have you ever had business failure? Yes / No If Y	es, please attach an explanation of business failure.
Bank References (please list name and account number	ers of local banks):
Trade References (must include business name , phor Do not list credit cards	ne number, contact & email/fax), for three references.
Approximate monthly credit requirements you expect	: \$
Agreement and l	Personal Guarantee
an officer, managing member, general partner, or the Customer to sign this application on its behalf. true and correct. I agree that I am responsible for	the Customer named above or that I am listed above as sole proprietor of the Customer and am authorized by I certify that all of the information stated above is informing Lyngso Garden Materials, Inc. ("Lyngso") Lyngso may deny credit based on any such changes.
account is paid in full by the 10 th of the month, if the 1.5% per month from the date credit is extended we month in which the statement is issued. If the account is the account in the statement is issued.	ount becomes 30 days past due, credit will be suspended the account is paid in full. The customer is responsible
· · · · · · · · · · · · · · · · · · ·	ee is an absolute, complete, and continuing one and credit already or hereafter contracted by or extended or extended without notice to me. I further agree that account is past due, pay the amount due with all
Signature:	Date:
Name:	Title: