



OFFICE USE
ACCOUNT TYPE:
CREDIT LIMIT:
SALES REP:

CREDIT APPLICATION

BUSINESS NAME:		TODAY'S DATE:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE NUMBER:		FAX NUMBER:	
TYPE OF BUSINESS:		D&B NUMBER:	
FEDERAL ID/SOCIAL SECURITY:			
TAX EXEMPTION ID:			
PURCHASING AGENT CONTACT INFO:			
A/P CONTACT INFO (I.E. E-MAIL ADDRESS):			
YEARLY PROJECTED SALES:		MONTHLY PROJECTED SALES:	

CREDIT REFERENCES

1. NAME:		PHONE NUMBER:	
ADDRESS:		FAX NUMBER:	
2. NAME:		PHONE NUMBER:	
ADDRESS:		FAX NUMBER:	
3. NAME:		PHONE NUMBER:	
ADDRESS:		FAX NUMBER:	

AGREEMENT

By signing this credit application, the Buyer hereby agrees to payment terms of net 30. In the event this agreement is placed by The Lindgren Group in the hands of an attorney or collection agency after default for enforcement of collection, Applicant(s) agree to pay all collection costs, interest at the defense of any cross claim or counterclaim. The Lindgren Group also holds the right to switch your account to COD terms at any point the account is past due.

***** PLEASE SEND TAX EXEMPTION CERTIFICATE BACK WITH APPLICATION *****

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____