

Lantex USA

Credit Account Application

609 Interchange Blvd. • Newark, DE 19711
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email: Alex@lantexusa.com

The following must be completed in full. The information will be held in strict confidence.

Name of Business _____ Business Phone _____
Business Address _____ Business Fax _____
City _____ Bill To Address _____
State _____ Zip _____ City _____
A/P Email: _____ State _____ Zip _____

Sole Proprietorship [] **Partnership** [] **Corporation** [] **Tax Exempt #** _____

What is your major product or service? _____

How long have you been in business? Years _____ Months _____

How long have you been at this address? Years _____ Months _____

Have you ever had an account with Lantex USA [] Yes [] No

Amount of credit you desire per month? \$ _____

We use a company credit card. Card # _____ Type: _____ Exp. date: _____

Bank References

Bank name _____ Branch Location _____

Name of banking contact _____ Account Number _____

How long have you been dealing with this bank? Years _____ Months _____

Trade References (businesses you are currently doing business with)

1) Trade name _____ Phone _____

Address _____ City _____ State _____

2) Trade name _____ Phone _____

Address _____ City _____ State _____

3) Trade name _____ Phone _____

Address _____ City _____ State _____

Principal(s)

1) Name _____ Title _____ Phone _____

Address _____ City _____ State _____

2) Name _____ Title _____ Phone _____

Address _____ City _____ State _____

If credit is granted I/we promise to pay bills when rendered. I/we understand all invoices are payable thirty days (30) from the date of invoice and that a service charge of 1 1/2 percent per month may be added to my/our past due account. In the event payment is not made and my/our account is referred to a collection agency, I/we will pay all costs of collection. If legal action is required, I/we will pay reasonable attorney's fees resulting from such action. I/we authorize the above listed bank(s) and trade references to release to Lantex USA any credit or financial information that Lantex USA may request and further agree, if Lantex USA grants credit, to comply with the above terms of credit.

Name _____ Title _____ Signature _____

Date _____

Credit [] Approved [] Declined Date: _____ Credit Limit: \$ _____

Auth. Signature: _____