

CREDIT APPLICATION

609 Interchange Blvd. Newark, Delaware 19711 1.302.294.6552

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ALL INFORMATION RECEIVED WILL BE HANDLED CONFIDENTIALLY.

PLEASE EMAIL TO: accounting@lantexusa.com FAX TO: 888.422.6854 OR MAIL TO ABOVE ADDRESS

Business Legal Name:			DBA Name:_		
		Last Name:			
Phone#:		_ Email Address:			
e e					
City:		_ State:	Zip:	Country:	
Shipping Address:				SAME AS ABOVE	
11 0				Country:	
•			•	, , , , , , , , , , , , , , , , , , ,	
Company Website:					
TYPE OF BUSINESS:	Corporation		_ ^ ^	p Partnership	
Year Established:	 Estimated Annual Purcha 	ises:	Fede	eral EIN#:	
Tax ID#:	_ State Bus License#:		State Resale Cert#:		
Business Description: (check all that apply)	Showroom	Comm	ercial Office	E-Store Other	
Request Terms:	Pre-Pay on speci	al orders	COD Net	30	
OFFICERS, PARTNERS	S, OR MANAGERS:				
Name:	Phone:	Title:	Email Address:	Mailing Address:	
1				· ·	
TRADE PARTNERS:					
				il Address:	
Mailing Address:					
City:		State: _	Zip:		
Business Name:		Accour	nt#:		
				il Address:	
Mailing Address:					
· ·					
Business Name·		Accoun	nt#·		
				il Address:	
				ii Address.	
· ·					
City:		state:_	Zıp:		

BANK INFORMATION							
Bank Institution:			Account#:				
Contact Name:	ntact Name: Title:						
Phone#:							
Mailing Address:							
City:		State:	Zip:	Country:			
CARD ON FILE		1	1				
CARD ON FILE Card#:		Exp. Date:	CVC:				
Name on Card:							
Cardholders Address:							
City:		State:	Zip:				
			c 1 1 1 1				
This agreement provides for a credit sale to			ervices for business use.				
Authorized Card Users							
CREDIT AGREEMENT							
1. The information furnished on this app	lication is submitted	d for the purpose of	obtaining credit, and I u	nderstand that this			
information will be relied on for the ex			_				
2. The vendor is authorized to investigate	my company's cred	it record and report	to the proper persons as	nd bureaus the perfor-			
mance of this agreement.							
3. The Standard Terms for invoices are no	et 30 days from the	date of invoice. Othe	er specialized terms may	be available based on			
the products and/or quantities ordered	l .						
4. The vendor will furnish an invoice for							
5. Upon default of the terms of this an ag							
payment not within Lantex Window F	ashions terms I may	be charged in exces	ss of 25% for attorney fee	s and collection costs			
for which we assume liability.							
6. Interest will be charged at the rate of fr	ve percent per mon	th on the outstandin	g balance.				
PLEASE SIGN (owner or officer)			Title:				
PLEASE PRINT (owner or officer)			Date:				
The undersigned individual who is either principal of t a factor in the evaluation of the credit history of the appropriate guarantor, from time to time as may be needed,	plicant, hereby consents to a	proprietorship of the credit a nd authorizes the use of a cor	pplication, recognizing that his or h				
GUARANTY							
For value received and to induce Vendor to extend c							
payment when due of all indebtedness, obligations, and created or arising, even in such indebtedness is in ex collection service fees paid or incurred by Vendor in p	cess of the credit line. (Guarantor further agrees	to pay all expenses including	our cost and attorney and/or			
This Guaranty shall be enforceable before or after proc	eeding against Customer	, or simultaneously there	with and without resort to any	security.			
The incorporation, merger, reorganization or sale of th credit extended to such other entity.	e Customer's business sh	all not operate as a termi	nation of this guaranty, and th	e guaranty shall continue as to			
This guaranty shall remain in full force and effect until Guarantor to pay all sums and expenses when due by t			rtified mail. Any such notice sl	nall not affect the obligation of			
The Guaranty is enforceable against the undersigned G	uarantor(s) whether or 1	not the signatures are with	nessed.				
WITNESS:	_ DATE:	GUARAN'	TOR:				
WITNESS:	_ DATE:	GUARAN'	TOR:				
LANTEX APPROVAL (FOR USE BY LAN			• • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •			
OFFICE MANAGER APPROVAL:		•	T:	DATE:			
ACCOUNTING APPROVAL:							
TECHNOLOGY DEPT. APPROVAL:			T:	DATE:			