

CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS _____

CITY/STATE/ZIP _____

**ARE PURCHASE ORDERS
REQUIRED? YES/NO**

PHONE () _____ FAX () _____

ACCOUNTS PAYABLE CONTACT _____ PHONE () _____

EMAIL ADDRESS _____

TYPE OF BUSINESS: _____ SIC CODE _____

YEARS IN BUSINESS: _____ PRESENT CONTROL DATE _____

OWNERSHIP: CORPORATION _____ PARTNERSHIP _____ SOLE OWNERSHIP _____

FEDERAL I.D. # _____ DUNS # _____

NAME OF PRINCIPAL/PARTNER/OWNER (S) _____

BANK REFERENCES

NAME OF BANK _____ ACCOUNT # _____

PHONE () _____ FAX () _____

NAME OF BANK _____ ACCOUNT # _____

PHONE () _____ FAX () _____

TRADE REFERENCES:

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

The above information is provided for the purpose of extending credit to our company on your terms of Net 30 days. To the best of my knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME _____

BANK AUTHORIZATION

TO WHOM IT MAY CONCERN

With this signature, I am authorizing Lido Designs access to credit information on our account. Please accept this as written authorization and release all relevant and pertinent information to them.

Name of Bank _____

Account Number _____

Name of Business _____

City _____ State _____

Signature of Credit Applicant

Title

Date