



# CREDIT APPLICATION COMPANY CONFIDENTIAL

**MUST BE FULLY COMPLETED TO BE PROCESSED. PLEASE PRINT ALL INFORMATION.**

Date: \_\_\_\_\_

Region: \_\_\_\_\_ Territory: \_\_\_\_\_ Salesperson: \_\_\_\_\_ Trade Class: \_\_\_\_\_

Business Name : \_\_\_\_\_

Billing Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Shipping Address: \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Type of Business :  Corporation  Sole Proprietorship  Partnership

Business Started: Business serves customers for retail (check one):

only in CT  in multiple states including CA  not in CT

Products that business sells: \_\_\_\_\_ Export: \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_ Credit Requirement: \_\_\_\_\_

Owner/Officer : \_\_\_\_\_ SSN : # \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Owner/Officer : \_\_\_\_\_ SSN # \_\_\_\_\_ Phone : \_\_\_\_\_ Zip : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_

Resale No : \_\_\_\_\_

Duns N: \$ \_\_\_\_\_ Rating : \_\_\_\_\_

Accounts Payable Contact: \$ \_\_\_\_\_ Phone : \_\_\_\_\_

Accounts Payable Email : \_\_\_\_\_

Invoices to be sent to Email : \_\_\_\_\_

Purchasing Agent : \_\_\_\_\_

**BANKING INFORMATION :**

Bank : \_\_\_\_\_  
Branch : \_\_\_\_\_ Account No : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_  
Contact : \_\_\_\_\_ Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

**MAJOR SUPPLIERS**

Name : \_\_\_\_\_  
Phone : \_\_\_\_\_ Contact : \_\_\_\_\_  
Fax No : \_\_\_\_\_  
Name : \_\_\_\_\_  
Phone : \_\_\_\_\_ Contact : \_\_\_\_\_  
Fax No : \_\_\_\_\_  
Name : \_\_\_\_\_  
Phone : \_\_\_\_\_ Contact : \_\_\_\_\_  
Fax No : \_\_\_\_\_

**AGREEMENT**

In the event that Layne Lubrications LLC commences litigation or employs attorney or collection agencies in order to obtain payment of any sums due from Applicant, the Applicant agrees to pay for reasonable collection and/or attorney fees in addition to all other sums due. The undersigned certifies that the above information is correct; further, the undersigned certifies that s/he is an authorized employee of the Applicant who has the authority to submit this credit application on behalf of the Applicant. Applicant authorizes Layne Lubrications LLC to obtain credit and financial information concerning the Applicant and all principals at any time and from any source.

Company Name : \_\_\_\_\_  
Signature : \_\_\_\_\_ Date Signed : \_\_\_\_\_  
Print Name : \_\_\_\_\_ Title : \_\_\_\_\_

**Must be signed by Owner, Partner or Corporate Officer or an authorized delegate**