



# Lemco Seals, Inc.

P.O. Box 202 • Parrish, FL 34219-0202  
(800) 445-1472 • FAX (813) 633-9619

## CREDIT APPLICATION

Thank you for requesting credit with Lemco Seals, Inc. In order to expedite this application, please complete the credit information below and return it via FAX or mail. In addition to the Credit Application, please forward a copy of your Sales Tax Exemption Form or Uniform Sales & Use Tax Certificate (required for direct drop shipments) and/or Equivalent Certificates for Canadian Provinces (GST/HST/PST). If you have any questions, please contact us at (800) 445-1742. We appreciate your business and look forward to developing a business relationship with you.

IN ORDER TO NOT DELAY YOUR ORDERING ABILITY, PLEASE MAKE SURE YOU HAVE PROVIDED ALL INFORMATION REQUESTED.

This application is agreed to by the undersigned applicant ("Customer") to Lemco Seals, Inc. We reserve the right to decline credit to a Customer. In the event credit has been extended, we reserve the right to change or revoke a Customer's credit limit on the basis of changes in credit policies or the Customer's financial condition and/or payment record. All sales of products and services, including purchases at Lemco Seals, Inc. online website, [www.lemcoseals.com](http://www.lemcoseals.com), will be subject to standard sales terms and conditions as listed on the website, as well as quoted prices at the time of order. Any variance from those terms and conditions will be effective only if agreed to in writing prior to the time the product or services are ordered. The Customer agrees to make payment in full for amount due. The Customer also agrees to pay interest, an amount equal to 1½% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should a customer default in any such payment(s), we shall have the right, without notice to customer, to declare all invoice amounts due and payable. This agreement is strictly confidential and is not transferable or assignable without prior written consent.

The applicant hereby agrees to Lemco Seals, Inc. terms as set forth herein and hereby authorizes the release of credit and banking information by the references listed on this application.

Company Name: \_\_\_\_\_

Officer/Owner Signature: \_\_\_\_\_

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

Printed Name and Title of Officer/Owner: \_\_\_\_\_

COMPANY INFORMATION:

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Organization: ( ) Corporation ( ) Partnership ( ) Sole Proprietorship ( )

Web Address: \_\_\_\_\_

D&B# (if applicable): \_\_\_\_\_ FEIN#: \_\_\_\_\_

Email Address (person who will control access to approved buyer's only):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Recipient Email Address for (instant e-mail confirming shipment of orders – one address only):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

BILLING INFORMATION:

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ (if different than company address)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

PURCHASING:

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Note: standard terms are 2% 10 days, net 30 days.

REFERENCES -- PLEASE INCLUDE THE FOLLOWING INFORMATION:

Bank References:

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Trade References:

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_