

860 Bench Street Red Wing, MN 55066 800-363-0321 651.-388-3578 Credit Fax

OFFICE USE ONLY		
Sales initial:	Location:	
Approved by William Schultz:		
Date:	Deposit	
Payment Terms:	from invoice date	
D&B Paydex:	Credit Limit	

Corporate Application for Credit Account

Business Name			
Address			
Contact Name		E-mail	
Phone Number	Fax Number		
Employees	Years in Busines		
Federal lax ID #	Credit Amount Requested		
D&B Number	US DOT#	MC #	
TY Maintenance: How many units Type		QUESTED Lease: Type *Insurance Required*	
Name	BANK REFERENCE	ES Phone #	
Address		Fax #	
Checking Account #		Contact Person	

Savings Account # _		Loan #		
		<u>EFERENCES</u>		
To expedit	te your credit proc 1	ess, please include f 2	ax number 3	
Name				
Address				
Phone				
Fax*				
Account #				
Are you tax exempt	?	If yes, please at	tach tax exempt	
permit.				
charged 1.5% interest ra	te per month and future Card are accepted. Sho	ement. Accounts not paid in services will be on a C.O.D. uld collection or legal action your account.	. basis until the account	
Dated	_ Signed		Position:	

LAWRENCE NATIONALEASE

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Authorization To Release Credit Information

(Please print)

TO WHOM IT MAY CONCERN:	DATE
REGARDING (BUSINESS NAME)	
LAWRENCE NATIONALEASE. WE	CESS OF ESTABLISHING TRADE CREDIT WITH HEREBY AUTHORIZE YOU TO RELEASE CREDI'S TO LAWRENCE NATIONALEASE TO EXPEDITI
Signed by:	
Printed Name:	
Title:	