

Len's Computer Supplies – LensComputers.com

CREDIT APPLICATION

FAX 305-704-8415

BUSINESS CONTACT INFORMATION

Nature of Business:			
Legal Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date & State business Started:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Credit Line Requested			
Prior Legal Name (if any):			DUNS #:
Resale Certificate:		Tax ID/EIN #:	
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

PROPRIETOR, PARTNERS OR OFFICES

Name Officer #1:	Social Security #
Name Officer #2:	Social Security #

VENDOR/TRADE REFERENCES (3)

Company name & Contact Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name & Contact Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name & Contact Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

I hereby warrant that information contained in this credit application and all financial information supplied to Len's Computer Supplies, at any time is true and correct, and is furnished for the purpose of obtaining credit from Len's Computer Supplies. I hereby authorize Len's Computer Supplies, to contact the bank references listed herein in connection with this application. Applicant acknowledges that the business relationship between the parties shall be governed by the terms and conditions contained in Len's Computer Supplies invoices and any other commercial forms and agreement. The undersigned hereby agrees to pay Len's Computer Supplies all expenses, including 25% collection agency and/or attorney fees, incurred by Len's Computer Supplies in connection with the collection of any amounts due hereunder.

SIGNATURES

Title:	Title:
Date:	Date: