



## CONFIDENTIAL CREDIT APPLICATION

*\* All fields are required for open term applications. Incomplete application forms and lack of requested documents may result in delays or rejection of terms. We reserve the right to adjust terms and credit line and request additional information.*

### COMPANY INFORMATION

Company Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ship To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Type of Business: \_\_\_\_\_

Legal Status (circle): Corporation Partnership Individual #Yrs. In Business: \_\_\_\_\_

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### CONTACT INFORMATION

Owner/President: \_\_\_\_\_ Ph/Email: \_\_\_\_\_

Purch. Contact: \_\_\_\_\_ Ph/Email: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Ph/Email: \_\_\_\_\_

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### SALES TAX EXEMPT STATUS

\_\_\_\_ Non-exempt \_\_\_\_ Exempt (Please provide of applicable tax-exempt certificate/s)

If *exempt*, provide the following:

FEIN: \_\_\_\_\_ State Tax#: \_\_\_\_\_ City Tax#: \_\_\_\_\_



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### TYPE OF ACCOUNT DESIRED

\_\_\_ Cash on delivery or \_\_\_ Open terms with a credit limit of \$ \_\_\_\_\_

#### Credit Information needed for open terms:

- 1) One bank reference and three (3) trade references. See attached "credit references" form.
- 2) Applicant's requesting credit in excess of \$10,000 are required to provide financial statements for the last two (2) years. Failure to provide financial statements may result in denial of open terms.

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#### Terms & Conditions

- A. Applicant agrees to adhere by the payment terms listed on Lane Supply Holdings, LLC invoices and to pay by the due date. Applicant agrees to pay Lane Supply an interest fee of 1.5% per month, or the maximum provided by law, whichever is less, on all past due invoices.
- B. Open terms privileges are granted and may be canceled or temporarily withheld at the sole discretion of Lane Supply.
- C. Applicant agrees that all issues and disputes relating to any credit agreement extended hereunder shall be governed in accordance with competent jurisdiction chosen at the discretion of Lane Supply and that Applicant expressly waives its venue rights without reference to conflicts of laws principles.
- D. Applicant agrees that it shall be liable and pay all attorney's fees, collection costs and court fees, and any other expenses, whether or not incurred in connection with litigation, including but not limited to those associated with the enforcement of any of the terms of this Application, but also those resulting from default under this Application.
- E. The person executing this application certifies that it is true and complete, has the authority to bind the applicant, and is authorized by the applicant to enter into the credit application terms and conditions.
- F. Applicant is responsible for providing any updates to the information on this form.
- G. Applicant authorizes the release to Lane Supply Holdings, LLC or any of its representatives, any and all information, facts and particulars, which may be requested regarding credit history and banking relationship. This authorization shall be in full force and effect until such time the Company informs otherwise in writing. Applicant indemnifies Lane Supply Holdings, LLC or any of its representatives for any damages, direct or indirect, which may arise as a result of this authorization.

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

Authorized Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

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



## CONFIDENTIAL CREDIT APPLICATION

### CREDIT REFERENCES

Vendor Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

A/R Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

A/R Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

A/R Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Bank Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Bank Representative: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_