

CREDIT APPLICATON

Company Name:	
Mailing Address:	
Street Address:	
City/State/Zip:	
Telephone:	Fax:
Ownership: Privately Owned Partnership	Incorporated Years In Business:
Management:	Title
	Title
	Title
Our standard Open Terms are Net 30 Days from the date of Invoice. 1 ½% monthly charge o satisfactory completion of our usual credit check of the references supplied by you. If you w In Advance, Certified Check. Below is the signature of an authorized officer of this business factual.	rish to purchase from Lamart prior to the approval of Open Terms, you may do so Cash
This signature authorizes the release of all credit information.	
Signature of Officer:	Date:
Trade Reference # 1(include name, address, phone & fax)	Trade Reference #2(include name, address, phone & fax)
Tel #:	Tel#:
Fax #:	Fax #:
Trade Reference #3(include name, address, phone & fax)	Bank Reference(include name, address, phone, fax & acct#)
Tel #:	Tel#:
Fax #:	Fax #:
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