

Lengemann Corp, Spear Leasing Company, Lengemann Leasing

P.O. Box 39, 43316 S.R. 19, Altoona, FL 32702 (352) 669-2111

CREDIT APPLICATION

Company Name			Phone				
BILLING INFORMA	TION:						
Address			C	ity		State	Zip Code
County	_email	Contact]	Phone		Fax
PHYSICAL/SHIPPIN	IG ADDRESS:						
Address			C	ity		_State	Zip Code
Countye	email	Contact]	Phone		Fax
purchase orders? (i.e. Surveying & Maj Trade Reference:	Numbers of years in pping, Civil engineering, CorCity	business? astruction, etc)	Nat	ure of busine	ess:		e) Does your company require
Name	City	S	State	_Contact		Ph	10ne#
Name	City	S	State	_Contact		Ph	none#
Ownership: Corporation FEID No, Name of Principal (s) (home address) (home phone)					Individual SS #		

Signature & Customer Agreement

Applicant agrees, if approved, to pay account in full according to account terms: Net 30 days from invoice date. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorize the checking of credit by Lengemann and associated companies for extended terms or financing. The undersigned agrees to pay all collection costs, court costs and legal fees incurred to collect delinquent balances.

(Signature)	(Title)	(Date)	(Signature)	(Title)	(Date)	
Per	sonal Guarantee					
Inconsideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the						
company. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit,						
presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might						
be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.						

(Signature)	(Title)) (Date)	(Signature)	(Title)	(Date)
Fax back to:	352-669-9377 or	e-mail to the credit department at:	dsanwald@leng	emann.us	