

Application for Credit

Billing Information:

Name of Company: _____

Address: _____ County _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

Shipping Information:

Name of Company: _____

Address: _____ County _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

Business Information:

Are You Tax Exempt? _____ If yes, please include a blanket certificate of resale with your application.

Are purchase order or job numbers required for invoices? Yes _____ No _____

Number of Years in Business: _____

Nature of Your Business? Check the one that best describes your business: _____ Surveying/Mapping _____ Civil Engineering _____ Construction
_____ Utilities _____ Industrial _____ Government _____ Architectural/Drafting _____ Export _____ Other _____

Ownership Information:

_____ Corporation FEID No. _____ Partnership _____ Individual Social Security No. _____

Name of Principal(s)	Home Address	Home Phone	Driver License No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Information:

Bank Name: _____ Address: _____

Bank Officer or Dept.: _____ Phone No. _____ Account No. _____

Credit References:

Business Name	Address	Phone	Fax	Account No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature & Customer Agreement

Applicant agrees, if approved, to pay account in full according to account terms: Net 30 days from invoice date. A finance charge of 1-1/2% per month, or 18% per year pre/post judgement, will be added to all past due accounts. Applicant also agrees to pay any attorney's fees and other expenses incurred in order to enforce the terms of this agreement. Title remains with Lengemann of Florida, until paid in full. I have read and understand the terms of this agreement. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit history.

Signature and Title of Applicant _____ Date: _____



Mail or fax to:
Lengemann of Florida
P.O. Box 39
43316 State Road 19
Altoona, FL 32702
Ph: 352.669.2111 Fax: 352.669-9377