LAMPTON-LOVE COMPANIES
COMMERCIAL ACCOUNT APPLICATION

FIRM NAME_____ PHONE_____

STREET ADDRESS_____ BILLING ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

CONTACT PERSON_____

PLEASE CIRCLE ONE: INDIVIDUAL - PARTNERSHIP - CORPORATION DATE BUSINESS STARTED_____

PARTNERSHIP / INDIVIDUAL SOCIAL SECURITY NUMBER_____

FULL NAME OF OWNERS (OR OFFICERS OF CORP.) LIST HOME ADDRESS FOR PARTNERSHIP OR INDIVIDUAL

NAME ADDRESS CITY and STATE

_____

_____

_____

ARE YOU EXEMPT FROM FEDERAL EXCISE OR STATE SALES TAX?_____

ESTIMATED MONTHLY CREDIT REQUIREMENTS: $_____ PURCHASE ORDERS REQUIRED: ____YES____NO

TRADE REFERENCE

FIRM NAME_____ ADDRESS_____ PHONE_____

FIRM NAME_____ ADDRESS_____ PHONE_____

FIRM NAME_____ ADDRESS_____ PHONE_____

BANK REFERENCE

NAME_____ PHONE_____ OFFICER TO CONTACT_____

ADDRESS_____ CITY_____ STATE_____

CHECKING ACCOUNT NUMBER_____

THE ABOVE INFORMATION IS FURNISHED FOR THE PURPOSE OF OBTAINING COMMERCIAL CREDIT, AND IS TRUE AND CORRECT AS STATED. IT IS AGREED THAT ALL INVOICES WILL BE PAID IN ACCORDANCE WITH YOUR STATED TERMS OF NET 30 DAYS. ON ALL INVOICES THAT ARE NOT PAID WITHIN THE NET 30 DAY TERMS, A FINANCE CHARGE WILL BE ASSESSED AT A RATE OF 1 1/2% PER MONTH ON THE PAST DUE BALANCE. I HEREBY UNDERSTAND AND AGREE THAT IF I DO NOT MAKE PAYMENTS ACCORDING TO THE TERMS ON THIS AGREEMENT, YOU MAY REQUIRE ME TO PAY MY BALANCE IMMEDIATELY. IF YOU HIRE AN ATTORNEY OR COLLECTION AGENCY TO COLLECT MY BALANCE, I WILL PAY ANY ATTORNEY FEES, COURT COST AND COLLECTION FEES PERMITTED BY LAW.

BY_____

TITLE_____

DATE_____ BY_____

RETURN TO: TITLE_____

FAX #_____