



816 R. I. Lampus Avenue
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Springdale, PA 15144
Phone: 412.362.3800
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CSR _____

Email to: kherring@lampus.com

R. I. LAMPUS CREDIT APPLICATION

If SALES TAX EXEMPT, Check Here and Attach Exemption Certificate.

Name of Applicant (Complete Full Legal Name):

Address: _____

City: _____ State: _____ Zip: _____

Date of Application: _____ Credit Limit Requested: _____

Telephone: _____ Fax: _____

***E-Mail Address: _____ Name of Accts Payable Contact _____

_____ Corporation _____ Partnership _____ Sole Proprietor

(If Corporation: State full name, residence address, Tax EIN, home phone number, and title of principal officers.)

(If Partnership: State full name, residence address, Tax EIN, and home phone number for each partner.)

Is anyone other than a Corporate Partner, a Partner or the Sole Proprietor authorized to place orders or make purchases on behalf of the Applicant? If so, state the name of each person, job title and what, if any, limitations on that authority:

***Primary Bank: _____ Branch Office: _____

Telephone Number: _____ ***Fax Number: _____

***Email Address _____

Contact Person at Bank: _____

Checking Account Number: _____

Savings Account Number: _____

TERMS AND CONDITIONS OF CREDIT

In consideration for credit being extended, I or we acknowledge and agree to the following: 1. Payment is jointly, severally and unconditionally guaranteed within 30 days of date of invoice; 2. A \$25.00 fee will be assessed for any returned checks; 3. Any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorneys' fees and court costs will be borne by the purchaser; 4. All returns are subject to a 20% restocking charge and all original freight charges; 5. This agreement shall apply to all current and future charges unless revocation is received by registered mail; 6. Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

***Authorized Signature: _____

7. A signature here also gives permission to the financial institution listed above to release information to R.I. Lampus for the purpose of opening a line of credit.

***Date: _____

R. I. LAMPUS CREDIT APPLICATION (Continued)
Please list 3 References

1. Company Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ ****Fax :(____) _____
****Email Address: _____

2. Company Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ ****Fax :(____) _____
****Email Address: _____

3. Company Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ ****Fax :(____) _____
****Email Address: _____

****ALL HIGHLIGHTED FIELDS ARE A REQUIREMENT FOR PROCESSING.