

LIS, Inc.

Application for Credit

Firm Name:	Phone:		
Mailing Address:	Fax:		
City:	State:	Zip Code:	
Shipping Address:			
City:	State:	Zip Code:	
Type of Business (specify):			
Date Started:	Estimated Annual Sales:		
Have you ever applied for credit with us before?	Yes	No	Date:
Please check one:	Individual Proprietor	Partnership	Corporation
Corporate Federal Tax #:	State Tax #:	(Include copies of both)	
Additional information required for conditional sales contracts under the Uniform Commercial Code.			
Debtor (individual signing contract):	Title:		
Debtors Social Security # (for Partnership or Individual Proprietor):			

Accounts Payable Information

Estimated Monthly Purchases: \$	Purchase Order required?	Yes	No
Does your company require a monthly statement?	Yes	No	
Accounts Payable contact name:	Title:		
Phone:	Ext #:	Fax:	

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES WITHIN OUR TERMS NOTED ON EACH INVOICE, PAYABLE IN U. S. FUNDS ONLY.

The above information, as well as that given on the reverse side, is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Lead-In Systems Inc., to whom this application is made, to investigate the references listed pertaining to my/our credit and financial responsibility.

All delinquent amounts shall be subject to a late charge of one and one half percent (1-1/2%) per month until the balance is paid in full. Should any past due amount require outside collection activity, the applicant agrees to pay all costs associated with such collection activity, including reasonable attorneys fees. All checks returned unpaid for any reason shall be subject to a charge of twenty dollars (\$20.00). Merchandise cannot be returned with out authorization. Transportation charges must be prepaid on returned goods. Credit will be based on our count and inspection and will be subject to a restocking charge.

Acknowledgment:

Firm Name:	
By (Please print):	Title:
By (Signature):	Title:

PLEASE COMPLETE THE REFERENCE INFORMATION ON REVERSE SIDE

REFERENCES

Bank

Name of Bank:	Contact Name:
Street Address:	Account #:
City: State: Zip:	Phone: Fax:
Former Business:	
Location:	

Vendor

Firm Name:	Phone:
Address:	Fax:
City: State: Zip:	
Contact: Account #:	

Firm Name:	Phone:
Address:	Fax:
City: State: Zip:	
Contact: Account #:	

Firm Name:	Phone:
Address:	Fax:
City: State: Zip:	
Contact: Account #:	

Firm Name:	Phone:
Address:	Fax #:
City: State: Zip:	
Contact: Account #:	

Financial statements/personal guaranty form may be required in conjunction with this application for credit. If necessary, a LIS, Inc. representative will provide further information.

FOR LIS OFFICE USE ONLY

CREDIT APPROVAL: YES NO	AUTHORIZED BY:
CREDIT LIMIT: ACCOUNT #:	SALESMAN:
CUSTOMER CLASS:	DATE:

LIS, INC.

P.O. Box 1654, Athens, TX 75751
Ph. 800-964-0711 Fax 800-964-6549