

Credit Application Form

Business Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Website _____

Tax I.D. Number _____

New Account _____ or Updating Current Account _____

CREDIT TERMS NET 30 DAYS

This application will not be processed unless all requested information is complete & the application is signed

Company Information: (please check one of the following)

____ Corporation ____ Individual ____ Partnership ____ Franchise

____ LLC ____ Government ____ Other _____

How long in business _____ Type of Business _____

President/Owner Phone

Address

Vice President Phone

Address

Sales tax: Taxable _____ Exempt _____ (If exempt please attach your tax exemption certificate)

Contact name for accounts payable: _____

Phone: _____ Fax: _____ e-mail _____

Billing Address: _____

Finance:

Bank Address Phone Number

Account Number Contact

References: (give names of only those suppliers you buy from on open account)

1. _____
Business Name Phone Number Fax Number
2. _____
Business Name Phone Number Fax Number
3. _____
Business Name Phone Number Fax Number

Has this business or any predecessor in interest (general partners, if a general or limited partnership; owner, if a sole proprietorship) ever filed a petition in bankruptcy, been the subject of an involuntary petition in bankruptcy, or been the subject of a request for receivership? _____ If so, when? _____
State in which filed _____.

I certify that all the information on this form is correct & accurate. This information has been furnished with the understanding that it is to be used to determine the amount & conditions of the credit to be extended.

I/We hereby authorize you or your agent/representatives to secure a business & or consumer credit report & agree to the release of credit information including the reporting of credit history to credit reporting agencies. This authorization shall be continuing without expiration & a photocopy or fax shall be given the same effect as the original.

In order to extend credit to the above applicant (business) the undersigned guarantees the full & prompt payment of any indebtedness of the above applicant (business) to LaMonica's, including any finance charges/interest as provided in your invoices. LaMonica's also has the right to change credit terms if the customer fails to make payments in 30 days as stated in the credit application. In the event the account is placed in the hands of an attorney to collect, the undersigned guarantees & shall be liable for all attorneys' fees, costs & expenses of collection that may be incurred by LaMonica's as a result.

In the event of default by the referenced business LaMonica's will be entitled to look to the undersigned for such payment without prior demand or notice & without LaMonica's first proceeding against the business. Further, we waive any extension of time or other indulgence that may be granted by LaMonica's to the referenced business.

Signed _____ Title _____ Date _____
(Owner or corporate officer only)

Without signing & dating, this credit application cannot be processed!

Please send this back to

Fax: 801-263-3229

or

Mail: LaMonica's
6211 South 380 West
Murray UT 84107