

L.W. Mountain Credit Application

Applicant Information

Account Name:		Contact Person:	Phone:	Fax:
Billing Address:		City:	State:	Zip:
Shipping Address:		City:	State:	Zip:
Email Address:		Website:		Cell Phone:
Sales Tax Status		Resale Certificate #	PO Req'd	List any specific authorized buyers
Exempt	Non Exempt		Y or N	
<input type="checkbox"/>	<input type="checkbox"/>			

PLEASE PROVIDE TWO CREDIT REFERENCES

CREDIT REFERENCE 1

Company Name:		Contact Person:	Phone:	Fax:
Address:		City:	State:	Zip:
Account Number:		Number of Years:		

CREDIT REFERENCE 2

Company Name:		Contact Person:	Phone:	Fax:
Address:		City:	State:	Zip:
Account Number:		Number of Years:		

FINANCIAL INFORMATION

Financial Institution:		Contact Person:	Contact Number:	
Address:		City:	State:	Zip:
Checking Account #	# Years	Savings Account #	# Years	
I authorize my financial institution to release information to L.W. Mountain, Inc.			Authorized Signature and Date	

FOR COMPANY USE ONLY

Application Date:		Verified by:		Date Approved:	
Account Number Assigned:		LW Mountain Payment Terms:			

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize L.W. Mountain, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

Credit Policy: C.O.D. restrictions may be placed on any past due account.

Credit Terms: A service charge of 1 1/2% per month (18% annually), or the highest legal rate, may be assessed on delinquent invoices.

Change of Ownership: I/We understand that we must notify L.W. Mountain, Inc. in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY IN ACCORDANCE WITH THE TERMS OF THIS DOCUMENT:

Company Name: _____

Signature: _____

Title: _____ Date: _____