

Business Credit Application

Please complete and return form to Accounting@lindongroup.com

Company Information

Company Name:	
Street/City/Zip:	
Billing Address:	
Phone:	Buyer Email:
Name Of Buyer	
A/P Contact:	A/P Email:
Years In Business:	Is a PO Required? Y _____ N _____

Partner/Officer Information

Name:	Title:	Years With Business:
Email:	Phone:	

Name:	Title:	Years With Business:
Email:	Phone:	

Main Bank Information

Bank Name:	Acct. Number:
Contact Name:	Email: Phone:

References:

Company 1:	Contact Name:
Contact Email:	Contact Phone:

Company 2:	Contact Name:
Contact Email:	Contact Phone:

Company 3:	Contact Name:
Contact Email:	Contact Phone:

By signing below, you certify that the statements above are true and complete as of the date given and authorize seller to obtain any consumer reports or credit reports necessary to process this credit application and hereby indemnify Lindon Group, Inc. from any liability resulting from the credit survey. Applicant's signature attests applicant's financial responsibility, ability, and agreement to pay all invoices within agreed terms. In the event of default, applicant agrees to pay collection agency fees, legal fees, and relevant charges. In the event of material change of an applicant's financial condition, applicant agrees to notify Lindon Group Inc.

Signature:	Title:
Print Name:	Date: