

# LITHOMANIA <sup>TM</sup>, INC.

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## APPLICATION FOR CREDIT

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COMPANY NAME:

ADDRESS:

TELEPHONE:

NUMBER OF YEARS IN BUSSINESS

**IS BUSINESS A** (Check One):

\_\_\_\_\_ CORPORATION    \_\_\_\_\_ PARTNERSHIP    \_\_\_\_\_ INDIVIDUAL

PRESIDENT OR OWNER (S) NAME, ADDRESS AND PHONE NUMBER

TREASURER NAME, ADDRESS AND PHONE NUMBER

PERSONS AUTHORIZED TO PURCHASE ON THIS ACCOUNT

### BANK INFORMATION

BANK NAME

BANK ADDRESS

BANK PHONE

ACCOUNT NUMBER

**CREDIT REFERENCES**

1. \_\_\_\_\_  
COMPANY NAME & CONTACT PERSON

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

2. \_\_\_\_\_  
COMPANY NAME & CONTACT PERSON

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

3. \_\_\_\_\_  
COMPANY NAME & CONTACT PERSON

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

RESALE NUMBER \_\_\_\_\_

FEDERAL TAX ID NUMBER \_\_\_\_\_

**I/WE CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FOR CREDIT IS TRUE AND CORRECT, AND THAT I/WE CAN AND WILL COMPLY WITH THE TERMS: DUE AND PAYABLE 30 DAYS FROM INVOICE DATE. INTEREST WILL BE CHARGED AT 1 1/2 % PER OMNTH ON PAST DUE ACCOUNTS. ANNUAL INTEREST RATE IS 18%. I/WE ALSO AGREE TO PAY FEES FOR SERVICES, LEGAL OR OTHERWISE, INCURRED BY LITHOMANIA, INC. TO ENFORCE COLLECTION OF BILLINGS. I/WE UNDERSTAND THAT A CREDIT REPORT MAY BE ORDERED ANDN THAT THE ABOVE LISTED REFERENCES AND BANK WILL BE CONTACTED AND ARE AUTHORIZED TO GIVE US REQUESTED CREDIT INFORMATION.**

\_\_\_\_\_  
DATE SIGNATURE TITLE