



CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill to: _____

Ship to: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One : () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of _____

Years in Operation: _____ Type of Business: _____

D&B #: _____ Please provide us with copies of all tax exemption certificates.

President/CEO: _____

VP/Finance : _____

Treasurer/Controller: _____

A/P Manager: _____

BANK INFORMATION

Bank: _____

Contact Name: _____

Account No. _____

Phone: _____

Complete Address: _____

TRADEREFERENCES

Reference 1 _____

Reference 2 _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Reference 3 _____

Contact: _____

Phone: _____

Please fax back to:

Fax: (_____) ____ - _____

Prepared by (signature)

Title

Date

I _____ hereby give permission to
(Authorizing Customer)
_____ to release information to Lykins Signtek
(Name of Bank)
for credit verification.