



871 Range End Road, Dillsburg, Pa 17019  
 717-432-9738 ♦ 717-432-8389 (fax)

**APPLICATION FOR CREDIT**

Customer Name:	
Parent Company (if subsidiary):	
Address:	City, State, Zip:
Mailing Address (if different from above):	
Phone:	Fax:
Accounts Payable Contact Name(s):	

**ORGANIZATION**

Years in Business:	Years at Present Location:	Select one:	Choose an item.
Federal ID #			
Tax Exempt:	Choose an item.	(if yes, you will need to supply us with a tax exemption certificate)	

**OWNER/OFFICERS**

Name:	Address:	Phone:
	City, State, Zip:	SS#:
Name:	Address:	Phone:
	City, State, Zip:	SS#:
Name:	Address:	Phone:
	City, State, Zip:	SS#:

**REFERENCES**

Bank Reference:		
Name:	Address:	Account #:
Phone:	Fax:	Contact:
Trade References:		
Name:	Address:	
Phone:	Fax:	Account #:
Name:	Address:	
Phone:	Fax:	Account #:
Name:	Address:	
Phone:	Fax:	Account #:

**AGREEMENT**

The undersigned understands the following information is being submitted for the purpose of obtaining credit from L Cubed Corporation and any and all of its affiliated corporations and their divisions and subsidiaries, including new and additional affiliations that may arise subsequent to the date of this application. By signing below, the signor authorizes the investigation of this information through banks and references herein and authorizes L Cubed Corp to obtain a credit report on the company and/or owners and/or officers of same. Customer understands our terms are net 15 days, and agrees to pay within these terms. Customer agrees to pay service charges of 1.5% per month of the highest rate allowed by law (whichever is the lesser) from the due date of each invoice to payment. In event customer's account is placed for collection, customer agrees to collection and/or attorney fees.

**SIGNATURE**

Print Name:	Signature:	Date:
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