## **Credit Application**



Name of firm or individual:  Address:  State/Province:  Phone/Email:  Year Established:  Type of Organization:  Corporation Partr	Zip/Postal Code:			Lamar LED 1150 Motor Parkway Central Islip, NY 11722 USA Phone: 631-777-7700 Fax: 516-333-7695
Officers and/or owners:  Title: Phone Number: Email Address:		Contact Person: Phone Number: A/P Email:		
Trade References  Firm Name	Mailing Address	Phone N	lumber & Contact Name	Email Address
The following bank informati	on must be filled out here and the ban	k release form attach		
attempting to collect delinquent p or otherwise. The undersigned also a UCC1 financing statement pertai signed by both parties. If Lamar LE one job by claims that relate to a d	month will be assessed against balance outstably month, including attorney's fees of 35% equals agrees to abide by company policies and proning to any sale that is made by applicant. No D is supplying material to two or more jobs, the lifferent job. Lamar LED's liability on any job is laims, proceedings, and litigation arising out of ture:	al to the balance of princi cedures. Further, if a pay modifications to the tern en each job shall be trea limited to the amount of	undersigned agrees to pay all pal and interest, whether the syment is not made within terms is will be binding upon either ted separately and there will be its contract. To the fullest exte	ame is collected through su s, Lamar LED is entitled to file party unless in writing and e no set-off(s) from bills for
Address:		Limit Reque	sted:	