



LMI Office Supply
 208 James Street Suite B
 Seattle WA 98104
 Tel 206.622.2643
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CREDIT APPLICATION
 www.LMIOFFICESUPPLY.com

Company Name			Date:
Address:	State:	ZIP:	Phone:
Billing Address (if different than company address)			
Legal Formation of Company		Type of Business	How long at this address?
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			

Credit References

Name:			
Address:	City:	State:	ZIP:
Phone:	Credit Type		
Name:			
Address:	City:	State:	ZIP:
Phone:	Credit Type:		
Name:			
City:	City:	State:	ZIP:
Phone:	Credit Type:		

Principals of Company

Name:			
Address:	City:	State:	ZIP:
Phone:	Position:	Social Security No.	
Name:			
Address:	City:	State:	ZIP:
Phone:	Position:	Social Security No.	
Name:			
Address:	City:	State:	ZIP:
Phone:	Position:	Social Security No.	

Bank References

Bank Name:			
Address:	City:	State:	ZIP:
Phone:	Account #:	Bank Contact:	
Bank Name:			
Address:	City:	State:	ZIP:
Phone:	Account #:	Bank Contact:	
Bank Name:			
Address:	City:	State:	ZIP:
Phone:	Account #:	Bank Contact:	

NOTICE: The following credit agreement is provided for your information. Please read the agreement before signing the application.
 CREDIT AGREEMENT: If this 30-day account is opened, I agree:

- 1.) To pay each invoice within thirty (30) days.
- 2.) To pay an 18% service charge on any invoices thirty-one (31) days or older.
- 3.) To pay attorney's fees in the event that collection efforts become necessary.
- 4.) To authorize release of credit and banking information necessary for approval of this request.

 Applicant Signature

 Title

 Date

 Credit Approval

 Credit Level Approved