

## Credit Application

DATE: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PRIMARY SHIPPING ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ ESTIMATED ANNUAL SALES: \_\_\_\_\_

# OF EMPLOYEES: \_\_\_\_\_ PURCHASE ORDERS REQUIRED? \_\_\_\_\_

ARE YOU EXEMPT FROM TAX? \_\_\_\_\_ IF YES, TAX EXEMPTION #: \_\_\_\_\_

*(OR ATTACH COPY OF TAX EXEMPT CERTIFICATE)*

INDIVIDUALS AUTHORIZED TO PLACE ORDERS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### BANK REFERENCE

BANK NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

## Trade References

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ TERMS: \_\_\_\_\_

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NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ TERMS: \_\_\_\_\_

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NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ TERMS: \_\_\_\_\_

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APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE ACCOUNT BALANCE, INCLUDING REASONABLE ATTORNEY'S FEES.

THE UNDERSIGNED, AS AN INDUCEMENT TO GRANT CREDIT, WARRANTS THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT. BY SINGING, YOU AUTHORIZE US TO INVESTIGATE THE CREDIT REFERENCES LISTED ABOVE.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

## Credit Applications – Returned

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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM:	
Cindy Li		
COMPANY:	COMPANY:	
Accounting Manger - LuBoron		
FAX NUMBER:	FAX NUMBER:	
434-971-8401		
PHONE NUMBER:	PHONE NUMBER:	
866-582-6766		
EMAIL	DATE	# OF PAGES (INCLUDES COVER)
cli@luboron.com		

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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PLEASE SEE ATTACHED INFORMATION

*Please Complete and Fax or Mail or Email to the Following:*

**LuBoron, LLC**  
**1147 River Road**  
**Charlottesville, VA 22901**  
**Attn: Cindy Li, Accounting Manager**  
**Fax: 434 / 971-8401**  
**Email: cli@luboron.com**

Please call 866 / 582-6766 or 434 / 293-3100 if you have problems receiving this fax, or if you have received this fax in error.