

APPLICATION FOR CREDIT

Billing Address	Shipping Address
Company Name:	Company Name:
Street:	Street:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Fax #:	Fax #:
Name of: President – Controller – Buyer –	Years in business:
Primary bank reference Bank Name:	Account #:

Please provide 3 trade references

Name	City, State	Phone #
1.		
2.		
3.		

Standard payment terms are NET 30 days. All accounts past-due over 30 days are charged 1 ½% service charge.

Signature

Title

Date

LTI Liberating Technologies, Inc.