



Laundry Equipment Sales & Service

Application for Credit

Please Return Application to Katy Presson
Corporate Office: 409 Biltmore Drive, Fenton, MO 63026
Phone: 800.783.6665 x4914
Fax: 636.600.4950
Email: katypresson@loomisbros.com

Company/Billing Information

Date: _____

Legal Company Name: _____

DBA: _____

Fed Tax ID: _____

State of Incorporation/Organization: _____

D&B #: _____

Billing Address: _____

City: _____

State: _____ Zip: _____ County: _____

A/P Contact: _____

Phone: (____) _____

Fax: (____) _____

Email: _____

Would you prefer to receive invoices via email?

Yes No

Time in Business: _____

Type of Business: _____

Partnership Corporation Individual LLC

Tax Status: Taxable Tax Exempt (attach copy of certificate)

Laundry Equipment Location

(if different from Company/Billing Information)

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Bank Information

Principal Bank: _____

Account Number: _____

Phone: (____) _____

Fax: (____) _____

Principal Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Fax: (____) _____

Trade References (Please provide three)

Company Name: _____ Contact: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____ Contact: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____ Contact: _____

Phone: (____) _____ Fax: (____) _____

Requested Credit Limit: \$500 \$1,000 \$2,500 \$5,000 \$10,000 Other: _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:

THE ABOVE INFORMATION IS OFFERED FOR YOUR CONSIDERATION AS A BASIS FOR THE EXTENSION OF CREDIT WITH US, ON TERMS OF **NET 30** DAYS FROM DATE OF INVOICE, WITH PAST DUE ITEMS SUBJECT TO A 1 1/2% MONTHLY SERVICE CHARGE. WE HEREBY AUTHORIZE YOU TO CONTACT OUR TRADE AND BANK REFERENCES FOR NORMAL INFORMATION AS MAY BE REQUIRED BY YOUR FIRM.

FIRM NAME: _____

SIGNATURE: _____ TITLE: _____

PRINTED NAME: _____