

# Lins International Co., Inc.

Customer Number

**Headquarters**  
13919 Equitable Road  
Cerritos, CA 90703  
http://www.lins.cc  
(800) 423-9208 Fax: (562) 407-0622

## Credit Application

### Business Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Same as billing address

Type of Ownership:  Proprietorship  Partnership  Corporation

Years Established: \_\_\_\_\_ Under Present Ownership Since: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ SSN#: \_\_\_\_\_ DL#: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Resale Permit / Sales Tax Exempt#: \_\_\_\_\_

### Trade References:

1. \_\_\_\_\_  
Name / Account # Address Telephone

2. \_\_\_\_\_  
Name / Account # Address Telephone

3. \_\_\_\_\_  
Name / Account # Address Telephone

4. \_\_\_\_\_  
Name / Account # Address Telephone

### Bank Information:

Bank Name Address

Account # Telephone Contact Name

Amount of Credit Requested: \$ \_\_\_\_\_

**Terms: Net 30 days from date of the invoice, payable in check or cash only. A monthly finance charge of 1.5% will be assessed if any balance remains over 30 days on your account.**

By signing below, I authorize Lins International to verify all references provided above, in order to determine my credit limit. I also promise full prompt payment of all indebtedness generated from the sale of merchandise and from any finance or service charges and all costs of collection, including reasonable legal fees if necessary. I also agree to all terms and conditions of sale listed on Lins International's website. I hereby waive notice of acceptance, default and exemption.

Applicant:  \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Signature)