



___ **New Account** ___ **Re-Establish**

CREDIT APPLICATION FOR TERMS

Business Type (please check one): ___ Sole Proprietorship ___ Partnership ___ Corporation

Number of Years in Business _____

Company Name _____ Website _____

Address _____

City _____ State _____ Zip _____

Requested Credit Line \$ _____ Anticipated Monthly Purchases \$ _____ Tax ID# _____

PERSON(S) TO CONTACT REGARDING PURCHASE ORDERS & INVOICE PAYMENTS

Name	Title	Phone No.	Email Address

BANK REFERENCES

Bank Name/Account No.	Contact/Title	Phone No. / Fax No.
1.		
2.		

TRADE REFERENCES (Please supply the quickest way to contact the below references)

Company Name	Contact Name / Title	Phone, Fax, and/or Email
1.		
2.		
3.		

Signature _____ Title _____ Date _____

Printed Name _____

*Please note that LEINART'S, Inc. considers all information provided on this application confidential and will take all means necessary to keep said information confidential.