

CREDIT APPLICATION AND CONTRACT



Lowry's Printing & Copying
 2004 W. Pinhook Road
 Lafayette, LA 70508
 lowry@lowrysprinting.com
 www.lowrysprinting.com
 Fax (337) 261-0525
(337) 261-0139



Lowry's Sign Shop
 2004-B W. Pinhook Road
 Lafayette, LA 70508
 signs@lowrysprinting.com
 Fax (337) 572-8080
(337) 233-4412

Please complete both sides of this application and return to the attention of the bookkeeping department to be considered for a charge account.

PLEASE PRINT OR TYPE THIS INFORMATION

Company Name:	Telephone Number: ()
Attention:	Fax Number: ()
Street Address:	Email:
Mailing Address: (if other than street address)	Bookkeeper Name: ()
City/State/Zip:	Date Business Established:

PRINCIPAL OWNERS, OFFICERS OR STOCKHOLDERS

Last Name, First, Middle	Position/Title	Soc. Sec. #	Home Address: Street/City/State/Zip

Owner's Home Telephone Number:

<input type="checkbox"/> Sole Proprietorship State _____ <input type="checkbox"/> Partnership I.D. # _____ <input type="checkbox"/> Corporation *Must be filled out to be tax exempt.	<input type="checkbox"/> Subsidiary of Another Company <input type="checkbox"/> Branch of a Company (Please list additional branch(es) and location(s) on a separate piece of paper and attach to this application.)
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Name of Parent or Home Office: Telephone Number: _____ ()

Address: _____ Contact Person: _____

To help us determine your credit limit, please answer the following questions:

What is the high credit you desire? \$ _____

Has the owner of your business ever purchased goods from Lowry's under any other business name: Yes No

If yes, under what name and address: _____

Has this business or the owner of this business filed bankruptcy in the last ten years? _____

(SEE BACK FOR MORE)

Bank and Trade References

Bank _____	Trade/Supplier _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Telephone _____ Checking Acct. # _____	Telephone _____ Fax _____
Trade/Supplier _____	Trade/Supplier _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Telephone _____ Fax _____	Telephone _____ Fax _____

Attention: Accounts Payable

Does your Accounts Payable Department have special needs? Please fill out the information below to help us handle your billing procedures in the manner that you would like. Which of the following applies to your company?

- Purchase Order number must be indicated.
- We will submit a list of the applicable invoices with each payment.
- We pay more than one account with our check.
- We have more than one account but would like all transactions to appear on one statement. Please list all account numbers, and indicate the account to be used as the billing headquarters: _____
Billing Account #: _____
- We would like our statements to be sent to a special address. Please list address: _____

Credit Policy

Payment Terms: Net 30 days with approved credit. **All orders will be shipped C.O.D., credit card or check with order until account is established.** Our credit policy states that any incoming orders cannot be processed until all past due amounts have been paid.

Invoicing and Statements: An invoice will be included with each order. A statement will be issued if there is a balance outstanding at the end of the month. A 1½% finance charge per month will be added for any past due balance and a **\$25.00 service charge will be assessed for any returned check.**

Payments: Please return the remittance stub of your statement with your check. *Note: Please be advised that if payments are not received in a timely manner, you will be subject to having all future orders held and your line of credit removed.*

Credit Department: The Credit Department is willing to work with you if a problem should arise. Communication with us will avoid misunderstandings which could impair your credit with Lowry's. Questions about your credit terms may be addressed to the Bookkeeping Department.

I, an authorized officer, partner or sole proprietor of this company, certify that the above information is correct. As part of the application for credit, I grant permission to contact consumer credit reporting agencies, commercial credit reporting agencies, bank and trade references as necessary.

Signature: _____

Print Name: _____

Date: _____ Title: _____