



Credit Application

Company Name (Full): _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: () _____ Fax: () _____

Corporation Headquarters address: _____
 (if different from billing address)
 City: _____ State: _____ Zip Code: _____

Type of Ownership: _____ Corporation _____ Partnership _____ Proprietorship
 ***Attach W-9
 Sales Tax Exemption #: _____ Federal Tax ID#: _____
 Copy of Sales Tax Exemption Certificate must accompany this application

Name(s) of Corporate Officers

_____	_____
Name	Title
_____	_____
Name	Title

Accounts Payable Contact

Name: _____ Phone: () _____
 Credit Card # for Hold: Card Number _____ Expire Date: _____ Security Code: _____
 Banking Affiliation(s)
 Branch: _____ Acct #: _____
 Banker: _____ Phone #: () _____

Credit References: Please supply three (3). LOCAL Trade references are preferable. Please note that major corporations do not give out credit references.

Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Phone #: () _____	Phone #: () _____	Phone #: () _____
Fax #: () _____	Fax #: () _____	Fax #: () _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Length of Relationship: _____	Length of Relationship: _____	Length of Relationship: _____

IMPORTANT: Lawsons Catering is on a 10-day billing cycle. Account not paid within 10 days of receipt of invoice will be considered delinquent and will be assessed a 1 1/2% finance charge per month (18% per year). Credit card supplied for HOLD purpose will be charged for all accounts over 30 days. Furthermore, customer agrees to pay thirty dollars (\$30) for each returned check and any attorneys' fees and court costs incurred in collecting amounts.

By signing this application the above mentioned company has supplied all information to the best ability and agrees to all statements.

_____	_____	_____
Name of Officer	Title	Date