

CREDIT APPLICATION

COMPANY NAME:	DBA	
SHIP TO ADDRESS:		
CITY:	STATE:	ZIP:
BILLING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE #	FAX #	
TAXABLE: ☐ YES	□ NO - PLEASE SUBMIT TAX EXEMPT	FORM
TAX ID:	D-U-N-S #	
TRADE REFERENCES (List ma	ay be attached, but this form must be signed and da	ated.
	PHONE #	FAX #
charged. Loftwall is not respons are not tax exempt, sales tax medays. Orders will not begin prod	states must be accompanied by a State Resale/Exe sible for collecting sales tax in any other states (list ust be self-assessed. The credit approval process i luction until credit approval is complete unless prep est advance payment at any time. Failure to pay on	can be provided upon request). If you may take up to twenty (20) business aid. Loftwall may review change or
	uests for cancellations or returns must be submitte are subject to a 50% restocking fee.	d in writing for approval by Loftwall. All
consideration of extended credit month) on balance past due. Lo	nis form is correct. I fully understand your credit terr t. Non-Payment of balance 30 days past due may r oftwall reserves the right to withhold production or s y review, change or cancel credit terms and/or requ	esult in 1.5% interest charge (per hipment of completed products due to
NAME	SIGNED	
TITLE	DATE	
Officer of Company		