



Please email applications to orders@loftwall.com

### 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 may be attached, but this form must be signed and dated.

\_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

New account orders in certain states must be accompanied by a State Resale/Exemption Certificate or sales tax will be charged. Loftwall is not responsible for collecting sales tax in any other states (list can be provided upon request). If you are not tax exempt, sales tax must be self-assessed. The credit approval process may take up to twenty (20) **business** days. Orders will not begin production until credit approval is complete unless prepaid. Loftwall may review change or cancel credit terms and/or request advance payment at any time. Failure to pay on time may result in credit hold or terms withdrawn.

**Cancellations>Returns:** All requests for cancellations or returns must be submitted in writing for approval by Loftwall. All cancelled orders and/or returns are subject to a 50% restocking fee.

I certify that all information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit. Non-Payment of balance 30 days past due may result in 1.5% interest charge (per month) on balance past due. Loftwall reserves the right to withhold production or shipment of completed products due to past due balances. Loftwall may review, change or cancel credit terms and/or request advance payment at any time.

NAME \_\_\_\_\_ SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Officer of Company