

CUSTOMER CREDIT APPLICATION



Organization's Legal Name _____

License # (if applicable) _____ Charity's Federal ID# _____

Physical Address (Hall Location)—include street name, city, state, zip _____

Billing Address (if different from physical address)—include street name, city, state, zip _____

Main Contact Person _____ Daytime phone _____ Evening phone _____

Main Contact's Home Address—include street name, city, state, zip _____

Second Contact Person _____ Daytime phone _____ Evening phone _____

Number of years in business _____ Number of years at this location _____

Is this a sales tax exempt organization? Yes _____ No _____

If yes, please provide a properly completed sales tax exemption certificate (see enclosed form)

Person(s) who may purchase supplies from LBC:

Name _____ Title _____

Name _____ Title _____

ALL CREDIT APPLICANTS MUST READ AND SIGN THE FOLLOWING

Our credit terms are net due in 30 days from the date of the invoice. A finance charge of 2% per month (24% annual rate) will be added to account balances 30 days past due.

I/We have completed the information on this application to the best of my/our knowledge. Any money due to Lancaster Bingo Co., Inc. by this organization will be paid in accordance with the terms granted. We also agree to pay any and all late charges and collection and/or attorney fees incurred by Lancaster Bingo Co., Inc. to collect the same.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

PERSONAL GUARANTEE

The undersigned guarantor, in order to induce seller to extend credit to the applicant, hereby guarantees absolutely and unconditionally, payment of liabilities of applicant to seller and waives any notice of the incurring of said liabilities, presentment, demand, protest or notice of dishonor with respect to any of said liabilities.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____