



Credit Application

Company Information

Business Name: _____

Phone Number: _____

Address: _____

Fax Number: _____

Duns Number: _____

A/P Contact: _____

A/P Phone Number: _____

Billing Address: _____

A/P Fax Number: _____

A/P Email: _____

General Business Information

Business Type:

Parent Company Name: _____

Corporation

Year Established: _____

Partnership or LLC

Resale: Yes No

Proprietorship

Tax Exempt: Yes No

Other

(If Yes, please send completed Tax Exempt Certificate)

Estimated Annual Sales: _____

Credit Limit Requested: _____

Description of Business: _____

Bank References

Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

Fax Number: _____



Credit Application

Credit References

1. Name: _____	Contact Name: _____
Address: _____	Phone Number: _____
_____	Email or Fax: _____
2. Name: _____	Contact Name: _____
Address: _____	Phone Number: _____
_____	Email or Fax : _____
3. Name: _____	Contact Name: _____
Address: _____	Phone Number: _____
_____	Email or Fax : _____
4. Name: _____	Contact Name: _____
Address: _____	Phone Number: _____
_____	Email or Fax : _____

General Terms and Conditions

1. Terms: Net 30 days from date of the invoice, unless otherwise agreed in writing by Laacke & Joys Company, LLC.
2. Freight Policy: All orders are shipped either FOB origin, prepaid and add or collect. L&J reserves the right to choose your freight carrier unless otherwise agreed in writing.
3. A service charge of \$35.00 will be made for each check sent to L&J in payment of sums due which is returned unpaid to L&J.
4. L&J may refuse to supply any further goods and/or grant further extensions of credit while any overdue amounts owing to the company remains unpaid.
5. Any disputed goods or invoices must be advised in writing within 10 days of receipt of goods.
6. Goods returned for credit are unable to be accepted without prior arrangement with L&J and may be subject to a re-stocking charge.
7. Please note Endura, LLC is a wholly owned subsidiary of Laacke and Joys Co. LLC and credit status will be transferrable between the entities.

Statement of Accuracy and Permission to Verify

I hereby certify that the information contained herein is complete and accurate and that I am authorized to sign and represent the above named organization. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Print Name: _____	Title: _____
Signature: _____	Date: _____

**Please fax the completed application with Tax Exempt Certificate to:
(262) 754-0536, Attn Accounting Department**