

# CREDIT APPLICATION

LEANIN' TREE, INC.

For new customers only.

Date \_\_\_\_\_

Account Name \_\_\_\_\_

Manager or Owner \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

P.O. Box \_\_\_\_\_

Resale Tax No. \_\_\_\_\_

Address \_\_\_\_\_

Will invoices be paid by company named above? \_\_\_\_\_

Billing Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Phone \_\_\_\_\_

D & B Acct No. \_\_\_\_\_ Corp. Y \_\_\_ N \_\_\_

Initial Order Amount \_\_\_\_\_

Type of Entity: Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ Sole Proprietor \_\_\_ FEIN or SSN# \_\_\_\_\_

Length of time present owner has been in business \_\_\_\_\_

Is business under new ownership? \_\_\_\_\_

Date change occurred \_\_\_\_\_

Your Bank \_\_\_\_\_

Address \_\_\_\_\_

Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

FOUR trade references required with whom you have done business in the last year (personal references not accepted).

1. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_



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