

CREDIT APPLICATION

Linden Elevator Specialties
P.O. Box 106, 3471 E 450 N
Lewisville, ID 83431
Tel. 208-754-4884 ** Fax 208-754-0007

Account Number _____ Date: _____

Company Name _____

Address _____ Fax# _____

City, State, Zip _____

Fed ID / PIN _____ Telephone _____

Check One: Sole Proprietorship____; Partnership____; Corporation____ State of Incorporation____

List Names of Owners or Officers Titles

Authorized Signature _____ *Title* _____

Years in Business _____ Number of Locations _____ Number of Employees _____

Maximum Credit Required \$ _____ Annual Sales \$ _____

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Credit References:

Bank Name _____ Acct. # _____

Address _____

Creditor Name _____ Address _____

Creditor Name _____ Address _____

Creditor Name _____ Address _____
