



LAVO Solutions Application for Credit

1) Business legal name: _____ Date business formed: _____
2) Main contact name: _____ Title: _____
Main address: _____ City/State: _____ Zip: _____
Office Phone: _____ Cell Phone: _____
Email: _____ Website: _____
A/P contact name: _____ Email: _____ Direct phone: _____
Tax ID #: _____

3) Please (X) one: Corporation _____ Partnership _____ Sole partnership _____

- a. If a corporation, incorporated in which state: _____
- b. If a corporation, name of President: _____
- c. If a partnership or sole partnership please provide Name, address, SSN# and email information below:

Name _____ Address _____ City/State/Zip _____
SSN# _____ Email _____
Name _____ Address _____ City/State/Zip _____
SSN# _____ Email _____

4) Bill to address: *(if different than Main address)*:

Address: _____ City/State: _____ Zip: _____

5) Ship to address *(if different than Bill to address)*:

Address: _____ City/State: _____ Zip: _____

6) Preferred ship method please (X) one: UPS _____ FedEx _____ LTL truck _____

If you would like to use your own account, please provide your account # and carrier preference below:

Carrier name: _____ Account #: _____



LAVO Solutions Application for Credit (cont.)

7) Primary Bank reference:

Bank name: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Acct #: _____ Person authorized to sign checks: _____ Title: _____

8) Please list two creditors who grant the highest lines of credit:

Name: _____ Address: _____ City/State _____
Zip: _____ Phone: _____ Fax: _____ Email: _____
Name: _____ Address: _____ City/State _____
Zip: _____ Phone: _____ Fax: _____ Email: _____

9) I/We warrant that no owner if a partnership or proprietorship) and no office (if a corporation) has the subject of a personal bankruptcy in the last ten years and that the firm is not currently in any bankruptcy state
Please (X) one: True _____ False _____

10) It is agreed that a service fee of 2.5% per month may be charge on all payment delinquencies or a rate permitted by prevailing State law.

11) If purchasing exempt from State and Local sales tax, please provide information below:

Expemption #: _____ Name of State: _____

Credit amount requested: \$ _____

Name and Signature of Authorized Agent:

Print name: _____ Title: _____ Signature: _____

Date: _____

By signing this form, permission is hereby granted to discuss our account with the bank and creditors shown in sections seven (7), nine (9) and ten (10) of this Application. I warrant that the foregoing information is true and correct and realize it will be relied upon in the granting of future credit. Lavo Solutions, LLC would like to take this opportunity to thank you for your interest in establishing an open credit account. Our Team will do their utmost to process your application in a timely manner. However, should an examination of the information you have supplied us render Lavo Solutions, LLC unable to accommodate your request for credit, please be aware that we will continue to ship your orders for you on a C.O.D., Credit Card, or prepaid basis.