



LMT Mercer Group

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Lawrenceville, NJ 08648

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LMT-Mercer Group Credit Application/Agreement

(Please print or type, fill in all blanks, and answer all questions)

1. Individual or Firm Name	FEIN/SSN	Phone # ()	Fax # ()
DBA			
2. Address: (Street)	(City)	(County)	(State) (Zip code)
Mailing Address: (P.O. Box / Drawer)	(City)	(County)	(State) (Zip code)
3. Type of Business	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Date Established State of Incorp
(Please check one)	<input type="checkbox"/> Individual / Proprietorship	<input type="checkbox"/> Other	

Ownership

4. Principal or Officer	Title	SSN	Spouse	%Owned	Home Address
1)					
2)					
3)					

Business Bank References

5. Name	Telephone #	Acct #	Officer	Acct Type
	()			<input type="checkbox"/> Check <input type="checkbox"/> Savings
				<input type="checkbox"/> Loan <input type="checkbox"/> Other
(Street)	(City)	(State)	(Zip code)	

Personal Bank References

6. Name	Telephone #	Acct #	Officer	Acct Type
	()			<input type="checkbox"/> Check <input type="checkbox"/> Savings
				<input type="checkbox"/> Loan <input type="checkbox"/> Other
(Street)	(City)	(State)	(Zip code)	

7. Requested Credit Line: \$ _____

8. Tax Exemption # _____ (Attach certificate copy)

9. Business Credit/Trade References

Name	Acct #	Phone #	Fax #
1)			
2)			
3)			

10. The undersigned authorizes the seller to contact the above references and to conduct an investigation concerning the credit standing of the applicant. The facts stated above are true and correct.

11. The undersigned also understands and agrees to the following terms: Invoices are due for payment 30 days from date of invoice. A 1.5% (1.8% APR) finance charge will be added to any account not paid within thirty days of the due date. A fee of \$25.00 will be charged to the account for any returned checks. If any action, litigation, arbitration or other processing is necessary to enforce this agreement, the seller shall be entitled to recover its attorney fees, costs and expenses. Governing law: The laws of the state of New Jersey shall govern this agreement.

Signature: _____

Title: _____

Date: _____