



APPLICATION FOR CHECK APPROVAL

This application is for the purpose of accepting company or personal checks for merchandise received from Lenda Products, Inc. The top half must be completed in its entirety, signed by the owner or officer of your company and returned to Lenda Products, Inc.

FIRM NAME: _____
Name of Parent Company if Subsidiary: _____
Proprietor, Partner or Corporate Officer Name and Position: _____
Street Address: _____ Phone: _____
Town: _____ State: _____ Zip Code: _____
At Present Location Since: _____ Year Established: _____
Is Business Incorporated: _____ If so, Under the Laws of what State: _____

CHECKING ACCOUNT HISTORY

Name of Bank: _____ Phone: _____
Address: _____ State: _____ Zip Code: _____
Town: _____
Person to be Contact: _____
Account No: _____ Business or Personal Account: _____
Persons authorized to sign checks: _____

As the owner or officer of this company, I hereby give my permission for the above mentioned bank to answer the following questions about our check cashing history. I also give permission for Lenda Products, Inc to check my credit through their credit bureau.

Signature of Officer: _____ Title: _____ Date: _____
License # _____ Soc. Sec. # _____

TO BE FILL OUT BY BANK

BANK NAME: _____ Person Contacted: _____
Address: _____ City & State: _____

CHECKING ACCOUNT HISTORY

Account #: _____ Date Opened: _____

Is the history of the account: ()Excellent ()Good ()Fair ()Poor

Does Customer have a history of returned checks? _____

REMARKS: _____

Signature of Preparer: _____ Title: _____ Date: _____