

**LENDA  
PRODUCTS  
INC.**



1547 Fenpark Dr  
Fenton, MO 63036  
636.717.1500  
800.325.1300  
Fax: 636.717.1501

## Credit Application Form

Please complete, (print if online)  
sign and return this form.

Billing Address:		Office Address:	
Company Name:		Company Name:	
Attention:		Attention:	
Street Address:		Street Address:	
City, State, Zip		City, State, Zip	
Telephone:		Telephone:	
Email:		Email:	

### General Information

Principal / Owner	Social Security No.	Email	Phone No. & Extension
Company Composition Individual   Partnership   LLC   Corporation   Sub-Chapter S Corp			Corporate State of:

### Ordering Information

Are Written Purchase Orders Required? YES   NO	Is Merchandise for Resale? YES   NO	Resale No. (if for resale, please provide Copy of Certificate)	
Purchasing Agent	Fax	Email	Phone No. & Extension
Accounts Payable Contact	Fax	Email	Phone No. & Extension

### Trade References

Company Name	City	State	Phone No.	Contact

### Bank Information

Bank Name	Branch Name	Bank Contact Officer		Phone No. & Extension
Bank Address	City	State	Zip	Type of Account and Account No.

### Terms and Conditions

All accounts are COD until a credit application as been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

### Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Lenda Products Inc. to make any and all inquiries to process this Credit Application.		
Name of Authorized Representative	Title	
Agreed and Accepted, Signed	Phone No. & Extension	Date