



NEW ACCOUNT APPLICATION

Please print or type and complete ALL information on application.

OPEN ACCOUNT _____ CREDIT ACCOUNT _____

*Open account not required to complete page 2 of application

ALL FIELDS LABELED IN RED MUST BE FILLED OUT BY HAND!

Please fill out online, print and FAX to 740-353-7638, Attention Accounts Receivable, Mail to Lute Supply Inc., PO Box 721, Portsmouth, OH 45662, or EMAIL TO: accounts.receivable@lutesupply.com

Click On Primary Location

Credit Amount Requested \$ _____

BUSINESS NAME _____

Billing address: _____

Shipping address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Preferred Invoice/Statement Delivery Option. Please check one for each.

INVOICES: Mail _____ Fax _____ Email _____ **STATEMENTS:** Mail _____ Fax _____ Email _____

Date Business Established: ____/____/____ Federal ID# _____ D&B# _____

TYPE of BUSINESS:

C-Corporation S-Corporation Partnership Proprietorship LLC Government Other

No. of Employees _____ No. of Locations for Business _____

INFORMATION ABOUT THE OWNERS OR OFFICERS OF THE COMPANY:

1. Name: _____ Title: _____ % Ownership _____ SSN# _____

Address: _____

2. Name: _____ Title: _____ % Ownership _____ SSN# _____

Address: _____

3. Name: _____ Title: _____ % Ownership _____ SSN# _____

Address: _____

COMPANY BANK REFERENCE:

Bank Name: _____

Contact: _____

Checking Account # _____

Loan History: Open Repaid None

Address: _____

Telephone: (____) _____ Fax: (____) _____

TRADE and/or SUPPLIER REFERENCES:

1. Name: _____ Contact: _____

Telephone:(____) _____ Fax:(____) _____ Approximate Annual Volume _____

2. Name: _____ Contact: _____

Telephone:(____) _____ Fax:(____) _____ Approximate Annual Volume _____

3. Name: _____ Contact: _____

Telephone:(____) _____ Fax:(____) _____ Approximate Annual Volume _____

TERMS OF SALE

It is agreed that all invoices will be paid "10th Prox" (10th of the month following the invoice date).

Any invoice not paid within the terms stated above shall be considered past due and shall be charged a service charge of two (2) percent compounded monthly, on the unpaid balance. Net 10th terms are default account terms unless otherwise negotiated and agreed upon in writing.

In the event the account becomes delinquent, applicant agrees to pay reasonable collection charges and/or attorney and court fees.

SECURITY AGREEMENT

In consideration of **Lute Supply, Inc.**, hereinafter referred to as the **Company**, extending credit hereunder, the **Applicant** unconditionally promises to pay the **Company**, on demand, any and all indebtedness of _____ (**Name of Applicant**) to the **Company**. This is a continuing promise, and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between the **Company** and the above named **Applicant** save that of payment.

It is further agreed that the **Company** shall have a security interest in all of the goods, inventory and/or equipment purchased from the **Company**, and the proceeds thereof, pursuant to this credit agreement and by signing this security agreement we are agreeing to execute any additional documents needed by the **Company** to perfect this security interest.

RELEASE OF INFORMATION

Applicant hereby grants permission for the release of the necessary credit information to **Lute Supply, Inc.**, for the process of this application, and throughout the business relationship as the **Company** may deem necessary. **Applicant** understands that **Company** may furnish information concerning our performance of this account to credit reporting agencies and others who may lawfully request and receive such information. **Applicant** understands, acknowledges and accepts, the **Company** terms of sales and certify the information given herein is true and correct.

MUST BE SIGNED BY OWNER, PARTNER OR CORPORATE OFFICER:

(Corporate officer signage requires copy of Corporate Resolution)

PRINTED NAME

DATE

BY OWNER, PARTNER, OR CORPORATE OFFICER SIGNATURE/TITLE

PERSONAL GUARANTEE

I, _____, SSN# _____, residing at _____,
(ADDRESS)

for and in consideration of your extending credit at my request to _____
(APPLICANT Applying for Credit)

Of which I am _____, herby personally guarantee to you the payment at **LUTE SUPPLY, INC**
(Title)

of any obligation of the **APPLICANT** or its successor and I hereby agree to bind myself to pay you on demand any sum, which may become due to you by the **APPLICANT** whenever the **APPLICANT** shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the **APPLICANT**. I do herby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

We will pull a personal credit report to determine creditworthiness. The undersigned guarantor agrees that personal credit history may be used in making a credit decision and consumer reports on the undersigned guarantor may be obtained.

Individual Signature _____ **Date** _____

WITNESS: _____ **Date:** _____
(SIGNATURE) **(PRINTED NAME)**

**Please Read, Sign, and Date. Print and FAX to 740-353-7638,
Attention Accounts Receivable, Mail to Lute Supply Inc.,
PO Box 721, Portsmouth, OH 45662, or EMAIL TO:
accounts.receivable@lutesupply.com**

**I affirm by my signature above that the information provided
above is true and accurate to the best of my knowledge. I
understand it is the responsibility of my company to notify Lute
Supply of any changes to the above information.**

Signature _____ **Title** _____ **Date** _____

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