

Sales Representative \_\_\_\_\_ Region \_\_\_\_\_ Customer Number \_\_\_\_\_  
tax Code : \_\_\_\_\_ Frt Terms: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidential Credit Application / Customer Set - Up**

**Linc Systems Inc.**

16540 Southpark Dr. **800-513-9918**  
Westfield, IN 46074 Fax 800-330-5481

Payment Address:  
PO BOX 1627  
Indianapolis, IN  
46206-1627



[www.lincsystems.com](http://www.lincsystems.com)

Credit Terms Requested: \_\_\_\_\_ (Please Circle Terms & Credit Limit Requested)  
**C.O.D** // **Credit Card** // **1%10-Net 30 Days** // **OTHER** \_\_\_\_\_

Credit Limit Requested (please Circle one or fill in dollar amount): \_\_\_\_\_  
\$500 \$1,000 \$1,500 \$3,000 \$5,000 \$7,000 \$10,000 Greater

**GENERAL INFORMATION A PO BOX address will require a secondary Physical street address**

Company Name (legal) \_\_\_\_\_  
DBA: \_\_\_\_\_ Web Site \_\_\_\_\_  
Business Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City, State Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Additional Shipping Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
*Use additional sheets if more than 1 ship to location. A P.O. Box will require a secondary shipping address.*

Authorized Contact or Purchasing Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Purchasing Email: \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Payables Email: \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Federal ID \_\_\_\_\_ D L # \_\_\_\_\_ State \_\_\_\_\_ Tax Exempt? YES // NO  
Type of Business/Services/Products sold \_\_\_\_\_ How Long \_\_\_\_\_ (Signed Tax Form must be attached)  
(Check one) Sole Proprietor \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
Has you or your company ever filed Bankruptcy? \_\_\_\_\_ If so date filed \_\_\_\_\_ Registered Business? \_\_\_\_\_

**SSN or FED ID # required for NET Terms Greater than \$1,000.00**

**Corporate Officers / Owners** (Or FED ID #)  
President / Owner \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Vice President / Partner \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Treasurer / Partner \_\_\_\_\_ Social Security No. \_\_\_\_\_

15 = Construction 25 = Furniture/Cabinets/Casegoods 34 = Pallet Shops CLASS CODES for internal use  
16 = Roofing/Insulation 26 = Allied 50 = Resale  
17 = Commercial Construction 32 = Automotive  
24 = Manufactured Housing 33 = Industrial fastening / Crating

**I acknowledge that payment terms for an open account is 30 days & will pay all invoices within those terms.**  
**\*\*General information about your account.\*\***  
Any bounced check will have a \$25 NSF Fee added into the balance. We do prosecute for uncollected NSF Balances.  
WE reserve the right to charge any & all necessary fees involved involved in 3rd party collections or litigation on unpaid balances.  
Accounts are periodically reviewed for payment patterns, as well as increases & decreases in credit terms & limits.  
Applicant authorizes release of above information or attached reference list to Linc Systems Inc.  
**(Please sign below to authorize release & accept account terms & conditions as listed above)**

**\*\*Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **DATE** \_\_\_\_\_



www.lincsystems.com

# Linc Systems Inc.

16540 Southpark Dr.  
Westfield, IN 46074  
**800-513-9918**  
Fax 800-330-5481

ACCOUNT NAME \_\_\_\_\_

Linc Account Number \_\_\_\_\_

### BANK REFERENCES

Bank \_\_\_\_\_ Account No. \_\_\_\_\_ Type: \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Business or Personal Credit Line: \$ \_\_\_\_\_ Secured: yes \_\_\_\_\_ no \_\_\_\_\_ Personal Guaranty: yes \_\_\_\_\_ no \_\_\_\_\_

### TRADE REFERENCES

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Contact \_\_\_\_\_ Customer No. \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Contact \_\_\_\_\_ Customer No. \_\_\_\_\_

Type of Business \_\_\_\_\_

For the purpose of obtaining products or services from Linc Systems Inc. the following statements are made by the Applicant and Linc Systems inc. should rely on all such statements as correct. This agreement is between the applicant signed on this agreement and linc Systems Inc. Applicant authorizes Linc Systems to contact any reference given and inquire about credit history. Applicant agrees to notify Linc Systems Inc. in writing within five days of any changes of ownership, address, telephone, authorized purchasing agents, banks, transfer or listed assets, or other facts set forth. All Lines on page 1 need to be completed for accounts that will present checks as payments.

### Personal Guaranty

I, \_\_\_\_\_ ("Guarantor/Borrower") hereby guarantee to Lender ("Linc Systems Inc."), the prompt payment, when due, of each and every claim which lender may have against borrower. This continuing guaranty shall remain in force until revoked by the undersigned by written notice to lender but any such revocation shall be effective only as to any claims which may arise out of transactions entered into after certified receipt of revocation. This guaranty shall be effective as to the renewal of any claims guaranteed hereby or extensions of time or payment, and shall not be effective as to the renewal of any claims guaranteed hereby or extensions of time or payment, and shall not be hereby guaranteed. The Lender shall be under no obligation to give the undersigned notice of renewals or renewls. In the event of default by Borrower in the making of any payments when due, the undersigned hereby agrees to pay on demand all sums then due and all losses or expenses which may be incurred by Lender, including but not limited to reasonable attorneys' fees, without Lender having first or prior thereto proceeded against borrower.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ DATE \_\_\_\_\_

Witness \_\_\_\_\_ Printed Name \_\_\_\_\_ DATE \_\_\_\_\_

### \*\*General information about your account.\*\*

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Applicant authorizes release of above information or attached reference list to Linc Systems Inc.

(Please sign below to authorise release & accept account terms & conditions as listed above)

\*\*Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ DATE \_\_\_\_\_

Remit To address: **Linc Systems**  
**PO BOX 1627**  
**Indianapolis, IN 46206-1627**

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