

**APPLICATION FOR CREDIT**  
**OPEN ACCOUNT TERMS**

1. Each invoice due and payable within thirty (30) days from date of invoice. Customer authorizes **LMCurbs** to charge their credit card on file any balance due beyond thirty (30) days.
2. At the discretion of **LMCurbs**, any account with a delinquent balance may be placed on C.O.D. or Cash basis at any time.
3. **LMCurbs** files preliminary notices and mechanics liens whenever necessary and as required by law. This is company policy and is not reflected on your credit.
4. Customer agrees to pay a monthly service charge of 1½% or the maximum by law on any balance over 30 days.
5. Customer agrees to pay all reasonable attorney fees, collection costs, or fees incurred by **LMCurbs** to enforce these terms and conditions.
6. Customer authorizes **LMCurbs** to obtain credit reports and bank references for the purpose of determining whether to extend credit to the customer.
7. Customer agrees to furnish Project Information for each order placed to **LMCurbs**.
8. Customer Federal Identification No. \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*\*Your electronic submission of this form will act as your signature, as well as, your authorizing LMCurbs to process your credit.*

PRINT NAME \_\_\_\_\_

**APPLICATION FOR CREDIT**

COMPANY NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

TYPE OF BUSINESS:  Corporation  Partnership  Proprietorship

**PRINCIPLE OFFICER(S), PARTNER(S) OR OWNER(S):**

\_\_\_\_\_  
Name Title Address Phone Number

\_\_\_\_\_  
Name Title Address Phone Number

\_\_\_\_\_  
Name Title Address Phone Number

SALES TAX EXEMPTION NUMBER: \_\_\_\_\_ (Please include Tax Certificate)

**CURRENT TRADE REFERENCE(S):**

**\*\*FAX NUMBER FOR REFERENCE REQUIRED\*\***

\_\_\_\_\_  
Name Address City/State/Zip Phone Fax

\_\_\_\_\_  
Name Address City/State/Zip Phone Fax

\_\_\_\_\_  
Name Address City/State/Zip Phone Fax

\_\_\_\_\_  
Name Address City/State/Zip Phone Fax

**BANK REFERENCE(S):**

\_\_\_\_\_  
Name Address City/State/Zip Phone Fax

\_\_\_\_\_  
Name Address City/State/Zip Phone Fax

**REQUEST FOR PROJECT INFORMATION**

It is corporate policy that the following information be furnished before we can proceed with processing your order.

1. Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_  
County of Property \_\_\_\_\_

2. Project Owner or Public Agency \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

3. Original Contractor \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

4. Subcontractor \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

5. Is the Project:  Privately Owned or  Public Works? Contract # \_\_\_\_\_  
 Local, City or State  Federal? Project # \_\_\_\_\_

6. **All Jobs:** is there a payment bond?  Yes  No  
If yes, give payment bond # \_\_\_\_\_  
Name of bonding company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_

**\*\*IF NOT BONDED, COMPLETE LENDER INFORMATION BELOW\*\***

List other people involved in the Project: Architect, Engineers, Title Co., Lenders and any others.

	Name	Co. Name	Address	Phone/Fax	Relation to Project
1.)	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____

**CREDIT CARD AUTHORIZATION**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF CREDIT CARD COMPANY:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

\*CARD NUMBER (last four digits): \_\_\_\_\_ Enter ***only*** the last 4-digits of your credit card.

FULL NAME (as it appears on card): \_\_\_\_\_

V-CODE (3 digit # on back of card) \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\*\*SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

Date \_\_\_\_\_

Terms and Conditions

\*An LMCurbs representative will call you after you submitted this form to get your full credit card number. For identity theft protection, please fill in ***only*** the last four digits of your credit card number on this form. Please fill out this entire form.

\*\*By electronically submitting this Credit Card Authorization form to LMCurbs, you are authorizing us to charge your card for the full invoiced amount, per the specified order.