



2600 8<sup>th</sup> Avenue, P.O. Box 72813  
 Chattanooga, TN 37407  
 Phone: 423.622.2141 Fax: 423.493.4828

## Commercial Credit Application

### GENERAL INFORMATION

**COMPANY**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Web Address \_\_\_\_\_  
 List the date the business began operations: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECK TYPE OF BUSINESS**

\_\_\_\_ Corporation – If so, State of Incorporation: \_\_\_\_\_  
 \_\_\_\_ Partnership  
 \_\_\_\_ Sole Proprietor  
 \_\_\_\_ Limited Liability Company  
 \_\_\_\_ Other  
 Federal ID# \_\_\_\_\_ SS# \_\_\_\_\_

**PRINCIPALS AND/OR OFFICERS:**

1. \_\_\_\_\_ Title \_\_\_\_\_  
 2. \_\_\_\_\_ Title \_\_\_\_\_

Briefly describe your principal business activity \_\_\_\_\_  
 Describe the commodities hauled \_\_\_\_\_

Does the business have a MC Number? \_\_\_\_\_ (If so, please attach a copy of your ICC authority.)

Is your company sales tax exempt? **Yes / No** (If yes, please attach a copy of your resale certificate)

Does your company require a purchase order? **Yes / No** A Unit number? **Yes / No**

Please list any additional information needed to facilitate the processing of your invoices: \_\_\_\_\_

**MAILING ADDRESS**, if different (for invoices, statements, or correspondence regarding your account):

Contact \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Payable Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Has the business are any of its' principals filed for bankruptcy during the past seven (7) years? **Yes / No**

### CREDIT INFORMATION

**TRADE INFORMATION**

REFERENCES	ADDRESS	CITY	STATE	PHONE	FAX
1.					
2.					
3.					
4.					
5.					

**BANK INFORMATION**

NAME OF BANK	CONTACT NAME	CITY	STATE	PHONE	FAX	ACCT/LOAN #
1.						
2.						

### INSURANCE INFORMATION

NAME OF VEHICLE INSURANCE COMPANY	INSURANCE AGENT	TELEPHONE	INSURANCE CONTACT

If you intend on using Lesco's insurance carrier, you must meet their eligibility requirements. Please attach a current Motor Vehicle Report for each driver or list each driver's full name, birth date, state of license and license number, social security number, number of years of commercial driving experience, and number of accidents and violations during the past three years. Additionally list the commodities that you will haul.

I hereby authorize any person or organization whose name I have given as character or credit reference, to furnish Lesco, Inc. any information they may have concerning me, whether on record or not and I hereby release all such persons and organizations from any claims for damages or otherwise by reason of furnishing such information and records. I authorize Lesco to check my credit and other information supplied on this application and/or obtain information about credit experience with me and validate my insurability.

"The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of sex or marital status. The Federal Agency which administers compliance with this law concerning Lesco, Inc. is the Federal Trade Commission, 730 Peachtree Street, NE, Atlanta, GA 30308."

**Terms are payable on receipt. Invoice amounts not paid timely will be subject to a late charge of 1.5% per month, 18% per annum. Lesco has the sole authority to extend or modify these terms. I understand, accept and hereby consent to these terms. Additionally I agree to pay collection costs and reasonable attorney fees if I fail to pay within these terms.**

I have read and understand the conditions and terms of this application.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED			
Lease	Rental	Maintenance	Total

**PLEASE MAIL OR FAX THIS COMPLETED APPLICATION TO LESCO'S CREDIT DEPARTMENT *Thank You***