



LIBERTY SALES & DISTRIBUTION

2880 Bergey Road, Suite F · Hatfield, PA 19440 · Ph: 877-373-0118 · Fx: 888-850-3787

Please E-Mail Completed form to: AR@libertysales.net

Requested Line of Credit

CREDIT APPLICATION

SALES TAX STATUS:

If Exempt or Direct Pay, Certificate or Direct Pay Permit must be sent with this Application.

LSAD can only charge Sales Tax in PA, VA, CA. Customer is responsible for Use Tax in other applicable states.

General Information

Legal Name: _____

Operating Name: _____
(If different from Legal Name)

Registered Company Address: _____

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

Main Phone #: _____ Main Fax #: _____

Date Business Commenced: _____

Sole Proprietorship: _____ Partnership: _____ Coporation: _____ Other: _____

Accounts Payable Information

Accounts Payable Contact: _____

Accounts Payable Phone Number: _____

Accounts Payable Email: _____

Email to Submit Invoices: _____

**** EMAIL ADDRESS MUST BE PROVIDED, INVOICES WILL BE SENT VIA EMAIL ONLY ****

Business and/or Trade References

#1 Supplier Name: _____

A/P Contact: _____ Phone #: _____ Fax #: _____

A/P Email: _____

#2 Supplier Name: _____

A/P Contact: _____ Phone #: _____ Fax #: _____

A/P Email: _____

#3 Supplier Name: _____

A/P Contact: _____ Phone #: _____ Fax #: _____

A/P Email: _____

#4 Supplier Name: _____

A/P Contact: _____ Phone #: _____ Fax #: _____

A/P Email: _____

Bank Account Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Manager: _____

Telephone Number: _____ Fax Number: _____

Type of Account: _____ Account Number: _____

Terms

1. All invoices are net 30 days from the date of invoice, accounts over 45 days past due are subject to credit hold.

2. Delinquent accounts are responsible for all collection agency fees, attorney fees, and court costs.

3. By submitting this application you authorize LIBERTY SALES & DISTRIBUTION to make inquiries to the banking, savings, businesses, and/or trade references you have supplied.

Completed by: _____ Title: _____
(please print)

Authorized Signature: _____ Date: _____