



**LITHOHAUS**  
 phone 850.671.6600  
 fax 850.671.2770  
 print@lithohaus.com

# CREDIT APPLICATION

2843 Industrial Plaza Drive ♦ Tallahassee, FL 32301

**MAILHAUS**  
 phone 850.656.4242  
 fax 850.656.4584  
 mailhaus@lithohaus.com



**The US Post Office does not extend credit, so postage must be deposited in advance.**

<b>Business Name</b>		<b>Phone</b>	
<b>Street Address</b>		<b>Fax</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>

**Email Address:**

**Business Operates As:**  Corporation  Partnership  Sole Proprietor **Fed. ID #**

**Are you a subsidiary or branch of another company?**  Yes  No **Company Name:**

**Business property is:**  Leased  Owned **Owned by Whom:**

**Type of Business:**

**Number of Employees** **Date Established**

**Has your firm ever declared bankruptcy?**  Yes  No

**If yes, give details:**

**Do you pay Sales Tax?**  Yes  No (If answer is "No," State Sales Tax Exemption Certificate or Blanket Certificate of Resale must be attached)

**Officers/Partners/Owners**

<b>Name</b>		<b>SSN</b>		<b>Title/Affiliation</b>	
<b>Address</b>				<b>Phone</b>	
<b>Name</b>		<b>SSN</b>		<b>Title/Affiliation</b>	
<b>Address</b>				<b>Phone</b>	
<b>Name</b>		<b>SSN</b>		<b>Title/Affiliation</b>	
<b>Address</b>				<b>Phone</b>	

**Banks**

<b>Name</b>		<b>Contact Officer</b>
<b>Address</b>		<b>Phone</b>
<b>Name</b>		<b>Contact Officer</b>
<b>Address</b>		<b>Phone</b>

**Trade References**

<b>Name</b>		<b>Phone</b>
<b>Address</b>		
<b>Name</b>		<b>Phone</b>
<b>Address</b>		
<b>Name</b>		<b>Phone</b>
<b>Address</b>		

The information given in this application and any accompanying information is for the purpose of obtaining credit and is warranted to be true. I (we) authorize Lithohaus/Mailhaus to contact any of the trade and/or bank references listed above. By signing this application, I (we) give permission for any information regarding these references to be released to Lithohaus/Mailhaus. This information is to be used solely for the purpose of establishing credit with Lithohaus/Mailhaus. I (we) agree that payments will be made in accordance with terms stated on each invoice, that a service charge of 1 1/2% per month will be charged on all past due balances when account is over 30 days past due, and that if my (our) account is referred to an attorney for collection, I (we) will be responsible for reasonable attorney's fees and court costs.

**Signature** (Officer/Partner/Owner) **Title**

**Printed Name** **Date**

**Credit Terms will be Net 30**  Approval \_\_\_\_\_