



Sales • Service • Installation • Rentals

5250 W. Coplay Rd. • Whitehall, PA 18052 • PH: 610-262-3681 • Fax: 610-262-5256

APPLICATION FOR CREDIT - BUSINESS

Full Business Name _____

Other Trade Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone # _____ Fax # _____

Date Business Started _____ Incorporated? Yes _____ No _____

Fed ID # _____ Duns # _____

IF COMPANY IS NOT INCORPORATED PLEASE PROVIDE YOUR HOME ADDRESS & SOCIAL SECURITY #

Name _____

Address _____

Social Security Number _____ Home Phone # _____

COMPANY OFFICERS/PARTNERS

Name _____ Title _____

Home Address _____ SS# _____

Name _____ Title _____

Home Address _____ SS# _____

Name _____ Title _____

Home Address _____ SS# _____

BANK INFORMATION

Name of Bank _____ Contact _____

Phone # _____ Account # _____



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Do you require Purchase Orders? Yes _____ No _____

Purchasing Contact _____ Phone # _____

Accounts Payable Contact _____

Phone # _____ Fax # _____

TRADE REFERENCES
(Phone and Fax Numbers are Required)

Company _____ Contact _____

Address _____ City/State/Zip _____

Phone # _____ Fax # _____

Company _____ Contact _____

Address _____ City/State/Zip _____

Phone # _____ Fax # _____

Company _____ Contact _____

Address _____ City/State/Zip _____

Phone # _____ Fax # _____

On behalf of the customer, I certify that to the best of my knowledge the above information is true and was made to induce Loikits Industrial Services, Inc. to extend credit to customer. I authorize Loikits Industrial Inc. to obtain any additional information Loikits deems necessary from any source.

Signature X _____ Title _____ Date _____

Guaranty of Payment: In consideration of your extending credit accommodations to the customer, I the undersigned, hereby guaranty full and complete payment of any obligation of the Customer to Loikits Industrial Services, Inc. from and after this date, and I do hereby waive all notice of default and consent to any extension of time that may be given by Loikits to the Customer.

Name/Title: _____

Signature X _____ Date _____