

Date: _____

Branch Location: _____

Taken By: _____

Applicant: (Type or Print)

Sole Proprietorship ☐ **Partnership** ☐ **Corporation** ☐ **Sub Corp/ LLC** ☐ **Joint Venture** ☐

Billing Address: Street or P.O. Box			Business Street Address		
City	State	Zip	City	State	Zip
Phone Number	Fax Number		State of Incorp	State ID Number	Federal ID Number
County (Physical Address)	Date Business Started	Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sales Tax to be Charged? If no attach Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNERS / PARTNERS / OFFICERS

Full Name	Title	Email Address	Direct/Mobile Phone Number

Were any principals in business before? (if yes, give business name, location and date)

BANK REFERENCES

Name of Institution	Address	Phone Number
Contact Person	Checking Account #: or Loan Account #	FAX Number
Name of Institution	Address	Phone Number
Contact Person	Checking Account #: or Loan Account #	FAX Number

EQUIPMENT FINANCE REFERENCES

Name	Address	Contact	Phone & FAX Number
			Phone FAX
			Phone FAX
			Phone FAX

TRADE REFERENCES

(Please exclude credit cards)

Name	Address	Contact	Phone & FAX Number
			Phone FAX
			Phone FAX
			Phone FAX

BONDING COMPANY

Name	Address	Contact	Phone & FAX Number
			Phone FAX

OTHER LEGAL INFORMATION

Has Applicant or any of its Owners, Principals, Officers or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors? ☐ Yes ☐ No

Any judgments or suits pending? ☐ Yes ☐ No (if Yes, attach explanation)

Attach a list of equipment owned or rented.

PLEASE RETURN COMPLETED APPLICATION TO OUR CREDIT DEPARTMENT
EMAIL: credit@linderco.com | FAX: 813-757-0803 | PHONE: 813-754-2727
 Please contact us with any questions

Initial _____

TERMS AND CONDITIONS

All charges during any month are due by the 10th of the following month. Any invoice not paid by the 25th day of the month following shall be subject to a late charge at eighteen percent (18%) per annum or the highest rate allowed by the law governing the state in which this Application was entered.

For any action brought by LIMCO in the states of North or South Carolina, Applicant hereby waives all privileges and rights available relating to venue, as it now exists or may hereafter be amended including any right to forum non conveniens, and consents to the jurisdiction and venue of the Courts of Wake County, North Carolina, or Lexington County, South Carolina. In the event of default of any description, Applicant agrees to pay all costs of collection, including reasonable attorney's fees.

For any action brought by LIMCO in the state of Florida, venue shall be in the Courts of Hillsborough County exclusively. IN THE EVENT OF ANY LITIGATION ARISING OUT OF THIS AGREEMENT IN THE STATE OF FLORIDA, CUSTOMER AGREES TO WAIVE TRIAL BY JURY and Applicant further agrees to pay all costs of collection, including reasonable attorney's fees whether incurred at pretrial, trial, appeal, mediation, bankruptcy or post judgment.

Applicant agrees to provide written notice to Linder Industrial Machinery Company (LIMCO) of any changes in the form of ownership of Applicant's business within five (5) days of any such change, and these terms shall apply to any such successor entity or person. Failure of Applicant to notify LIMCO of any objection to any invoice charges for parts and/or services within 30 days of the date of invoice is Applicant's unconditional agreement to pay such invoice charges without dispute and that all charges are validly due and owing.

By signing below, the undersigned applicant certifies that the information provided on this credit application is true, correct and complete and is given for the purpose of obtaining commercial credit from Linder Industrial Machinery Company and/or any assignee, potential assignee or designee hereof (collectively referred to as the "creditor").

The undersigned authorize the creditor or the creditor's designated agents and affiliates to obtain information about the undersigned from any credit reporting agency; hereby authorizes the named banks, financial institutions or trade references as listed on page 1 of this application to release such information as is necessary to establish credit with creditor. And hereby grants express permission to creditor or the creditor's designated agents to transmit to the following facsimile machines of the undersigned any information relating to any products purchased by the undersigned with the credit established with the creditor or the creditor's designated agents and affiliates.

Applicant's FAX#/ Email(s) _____

The undersigned authorize the creditor to give information about the undersigned, the undersigned accounts and the creditor's experience with the undersigned to others, including but not limited to banks, stores and credit reporting agencies.

A photocopy or facsimile copy of the authorization shall be as valid as the original.

_____	_____
Corporate or Trade Name	Printed or typed name
_____	_____
Title	Signature (Officer or designate Officer)
_____	_____
Date	

PERSONAL GUARANTEE - Photo ID Required

In consideration of Linder Industrial Machinery Company extending credit to the Applicant, we the undersigned jointly and severally, as individuals, guarantee the payment of any and future obligations of the said business which may be owing to Linder Industrial Machinery Company on the same terms set forth above.

By signing below, the undersigned individual(s), provides written instruction to the creditor or the creditor's designated agents and affiliates authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such creditor additional credit and for reviewing or collecting the resulting account. I/we affirm my/our identity as the respective individuals identified in the above application.

A photocopy or facsimile copy of the authorization shall be as valid as the original. **Please include photo ID for each guarantor.**

_____	_____	_____
Name (Print or type)	Signed	Date
_____	_____	_____
Residence Address of Guarantor (No PO Boxes)		Social Security Num
_____	_____	_____
Name (Print or type)	Signed	Date
_____	_____	_____
Residence Address of Guarantor (No PO Boxes)		Social Security Num
_____	_____	_____
Name (Print or type)	Signed	Date
_____	_____	_____
Residence Address of Guarantor (No PO Boxes)		Social Security Num

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