



LPWB LLC.
 d/b/a Loconsolo of Williamsburg
 371 Graham Avenue.
 Brooklyn, NY 11211
 WWW.LOCONSOLO.COM

Office Tel: 718-384-6595
 Office Fax: 347-467-1536

CREDIT APPLICATION

➔ **FAX "TAX EXEMPT FORM" if you are tax exempt**

COMPANY _____		<i>Date Business Commenced</i>
		/ _____
		HOME TEL #: _____
[] OWNER [] PRES: (name) _____		
<i>C/O Person if Business is Home Address</i> _____		APT # _____
ATTN: Accts. Payable Person _____		TEL or EXT _____
		STE # or FLOOR _____
BILLING ADDRESS _____		

CITY	STATE	ZIP
TEL (_____) _____		FAX (_____) _____
CHECK ONE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNER		
Soc. Sec.# <input type="checkbox"/> Tax ID <input type="checkbox"/> _____		
➔ MONTHLY CREDIT REQUESTING: \$ _____		

<u>FAX, TEL. #'s; ADDRESSES, ACCOUNT #'s MUST BE SUPPLIED BELOW TO PROCESS</u>		
BANK REF(S) _____		
<i>BANK NAME</i>		<i>ACCT #</i>
STREET ADDRESS _____		

CITY	STATE	ZIP
TEL _____		FAX _____
THREE (3) TRADE REF(S):		
<u>COMPANY NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>
<u>STATE</u>	<u>ZIP</u>	
1) _____		
TEL _____		FAX _____
2) _____		
TEL _____		FAX _____
3) _____		
TEL _____		FAX _____
The Undersigned agrees to pay 1.5% per month on Unpaid Balance after 30 Days. In the event that the account is placed for Collection, the Undersigned agrees to pay Collection and/or Attorney's fees equal to 30% of Unpaid Balance.		
➔ SIGNED _____		TITLE _____
		DATED _____
SIGNEE MUST BE ON BANK ACCOUNT		