



QNS PNT LLC
 d/b/a Loconsolo of Morris Park
 1057 Morris Park Ave
 Bronx, NY 10461
 WWW.LOCONSOLO.COM

Office Tel: 718-747-8699
 Office Fax: 347-662-3785

CREDIT APPLICATION

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

Date Business Commenced _____

COMPANY _____

HOME TEL #: _____

[] OWNER [] PRES: (name) _____

C/O Person if Business is Home Address _____ **APT #** _____

ATTN: Accts. Payable Person _____ **TEL or EXT** _____ **EMAIL** _____

STE # or FLOOR _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TEL(_____) _____ **FAX**(_____) _____

CHECK ONE: [] CORPORATION [] PARTNERSHIP [] INDIVIDUAL OWNER
Soc. Sec.# [] Tax ID [] _____

➔ **MONTHLY CREDIT REQUESTING: \$** _____

.....

FAX, TEL. #'s; ADDRESSES, ACCOUNT #'s MUST BE SUPPLIED BELOW TO PROCESS

BANK REF(S) _____

BANK NAME _____ *ACCT #* _____

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