



LPWB LLC.
d/b/a Loconsolo of Williamsburg
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CREDIT APPLICATION

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

COMPANY _____ **Date Business Commenced** _____
HOME TEL #: _____
[] OWNER [] PRES: (name) _____
C/O Person if Business is Home Address _____ **APT #** _____
ATTN: Accts. Payable Person _____ **TEL or EXT** _____
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):

COMPANY NAME **STREET ADDRESS** **CITY** **STATE** **ZIP**

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