



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**

COMPANY _____		<i>Date Business Commenced</i> _____
		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: <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: \$** _____

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>
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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