



LENOX-MARTELL

89 Heath Street
Boston, MA 02130

617-442-7777
Fax: 617-522-9455

CREDIT APPLICATION

LENOX-MARTELL, INC.
Credit Application

Billing Address

Shipping Address (if different from billing)

Purchaser Legal Name:	Purchaser:
DBA:	Street Address:
Address:	City/State/Zip:
City/State/Zip:	A/P Contact & Phone:
Phone Number:	Email Address:
Fax:	

Business Info

Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership			
State Incorporated:	Federal ID#:			
Property:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Landlord Name & Contact #: (if applicable):		

Principal Owners/Officers

Name:	
Title:	Email Address:
Home Address:	
City/State/Zip:	
Home Phone Number:	
Social Security Number:	Date of Birth:

Name:	
Title:	Email Address:
Home Address:	
City/State/Zip:	
Home Phone Number:	
Social Security Number:	Date of Birth:

Principal Trade Suppliers

NAME	AREA CODE & PHONE	CITY	STATE	ZIP

Bank Reference

Bank Name:	Branch (City & State):	Phone Number:
Bank Officer:	Account Number:	

LENOX-MARTELL, INC.

Credit Application

I hereby certify that all statements contained in this application are true and made for the purposes of obtaining credit. I agree to permit Lenox-Martell, INC. to use this information to obtain additional credit information. In consideration of Lenox-Martell, INC. selling to my agent(s), or me I agree to the following terms: To pay the account in full within established terms. To pay a service charge for late payments computed at a monthly percentage of 1.5% (annual percentage rate of 18%). To pay a \$20.00 service fee on all returned, bounced, or stopped payment checks. No further credit shall be extended until account is current. If this account is placed for collection, I agree to pay all reasonable costs of collection, including attorney's fees, and court costs. I agree that reasonable cost of collection prior to filing a lawsuit shall be 25%. I authorize any needed credit investigation for action on this credit application. I hereby indemnify Lenox-Martell, INC. and any of their agents from any liability resulting from their credit survey. I agree that Lenox-Martell, INC. may report account receivable information to various consumer and commercial credit agencies. The merger, incorporation, reorganization, bankruptcy claim or sale of business shall not operate as a termination of this guarantee.

Personal Guarantee

For value received, the receipt of which is hereby acknowledged, the undersigned jointly and severally guarantee to Lenox-Martell, INC. the prompt payment of all sums due, by the above named applicant(s). The undersigned agrees to remain bound by this guarantee notwithstanding any extension, indulgence to change in the terms of payments made with the applicant(s) hereof, and waiving any surety ship defenses. The undersigned(s)' obligation is to be that of a principle in the event of default, without obligation of Lenox-Martell, INC. to first exhaust its remedies against the applicant(s), or to pursue other collateral. If this account is placed for collection, I agree to pay all reasonable cost of collection, including attorney's fees, and court costs. I agree that reasonable cost of collection prior to filing a lawsuit shall be 25%. No termination of this guarantee shall be effective except that sent to Lenox-Martell, INC. by registered mail naming an effective date after the date of receipt of said notice. Such termination shall not affect the liability of the undersigned with respect to any credit extended to the above named applicant(s) prior to said termination date. I authorize any needed credit investigation for action on this credit application. I hereby indemnify Lenox-Martell, INC. and any of their agents from any liability resulting from their credit survey. I agree that Lenox-Martell, INC. may report account receivable information to various consumer and commercial credit agencies. The merger, incorporation, reorganization, bankruptcy claim or sale of business shall not operate as a termination of this guarantee.

(USE NO TITLES WHEN SIGNING e.g. President, Trustee, etc.)

(Individually) _____ Print Name _____
Date _____

(Individually) _____ Print Name _____
Date _____

Signed in the presence of: _____

Print Name: _____

OPTIONAL

CREDIT CARD AUTHORIZATION

I hereby authorize Lenox-Martell, Inc. to keep the below-mentioned Credit (or Debit) Card information on file and to charge this card for any amounts on my account which become past due according to my established credit terms.

Customer Signature

Credit Card Number

Card Member's Name (Please Print)

Exp. Date

Security Code (3 digits for Visa, MC/4 digits for Amex)

Billing Address for credit card

Billing Zip Code

Card Holders Phone No: (_____) _____ - _____