



## **LENOX-MARTELL**

89 Heath Street  
Boston, MA 02130

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

### **CREDIT APPLICATION**

For the convenience of our customers, please fill out all attached forms and indicate whether you prefer the automatic electronic check or automatic credit card payment method



# 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 \$25.00 service fee on all returned, bounced, or stopped payment checks or ACH transactions. 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 it 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: \_\_\_\_\_

**LENOX-MARTELL ELECTRONIC CHECK AUTHORIZATION FORM**  
*(A MULTI-FLOW INDUSTRIES COMPANY)*

**PHONE: 617-442-7777**

**FAX: 617-522-9455**

DATE: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_

NAME ON CHECK IF DIFFERENT FROM BUSINESS: \_\_\_\_\_

PREFERRED DAY of the WEEK FOR \$\$ TO BE PULLED FROM ACCT: \_\_\_\_\_

REASON FOR CHARGE: (INVOICE #/ACCT BALANCE, ETC) \_\_\_\_\_

CALL BACK NUMBER: (IN THE EVENT OF ANY PROBLEMS WITH ACH) \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERSON GIVING PERMISSION TO HIT THE ACCOUNT: \_\_\_\_\_

**CHARGE WILL SHOW UP AS MULTI-FLOW INDUSTRIES ON STATEMENT**

<input type="checkbox"/> Recurring Monthly Charge
<input type="checkbox"/> Invoice to Invoice
<input type="checkbox"/> Payment Plan



# LENOX-MARTELL CREDIT CARD AUTHORIZATION FORM

(A MULTI-FLOW INDUSTRIES COMPANY)

PHONE: 617-442-7777

FAX: 617-522-9455

DATE: \_\_\_\_\_

BUSINESS CARD: YES or NO

VISA

MASTERCARD

AMEX

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS ON CARD: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: (3 DIGIT ON BACK FOR VISA/MC OR 4 DIGIT ON FRONT FOR AMEX) \_\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_

REASON FOR CHARGE: (INVOICE #/ACCT BALANCE, ETC) \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

CALL BACK NUMBER: (IN THE EVENT OF ANY PROBLEMS WITH CARD) \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERSON GIVING PERMISSION TO HIT THE CARD: \_\_\_\_\_

**CHARGE WILL SHOW UP AS MULTI-FLOW INDUSTRIES ON STATEMENT**

<input type="checkbox"/> Recurring Monthly Charge
<input type="checkbox"/> Invoice to Invoice
<input type="checkbox"/> Payment Plan



Information will be vaulted and stored for future charges  
Any transactions over \$5000.00 are subject to a 3% surcharge

For office use only: RMA Initials: \_\_\_\_\_ Date: \_\_\_\_\_