



CREDIT APPLICATION

FAX, MAIL OR EMAIL TO THE ATTENTION OF: NEW ACCOUNTS MGR.

PHONE: 800.758.9244
LOCAL: 309.787.2300
FAX: 309.787.3200

1410 11th St. West, Milan, IL 61264 | www.lyncoproducts.com

COMPANY INFORMATION

COMPANY NAME	DBA		
BILL TO ADDRESS	CITY	STATE	ZIP
SHIP TO ADDRESS	CITY	STATE	ZIP
PHONE	FAX	E-MAIL	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	
	TAX EXEMPT	<input type="checkbox"/> YES <input type="checkbox"/> NO	PO'S REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
TAX ID #	TYPE OF PRODUCT / SERVICE PROVIDED	YEAR ESTABLISHED	

NAME OF OFFICERS / PRINCIPALS

1.	TITLE
2.	TITLE
3.	TITLE

BANKING INFORMATION - Many banks require written, signed authorization on company letterhead. Please send back with application.

BANK NAME	BANK ADDRESS	
BANK OFFICER		
*PHONE	*FAX	ACCOUNT #

**It is essential to provide phone numbers, fax numbers, and account numbers if available*

VENDOR REFERENCES

BUSINESS NAME (GROCERY SUPPLIER)	CONTACT NAME	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
BUSINESS NAME	CONTACT NAME	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
BUSINESS NAME	CONTACT NAME	PHONE	FAX
ADDRESS	CITY	STATE	ZIP

I/We certify that the information provided on this form is true and correct. I/We fully understand and agree to all the terms and conditions of Lynco Products and agree to the proper payment in consideration of extended credit. Payment terms are Net 30 days from date of invoice, which is the date order shipped.

SIGNATURE	TITLE	DATE
-----------	-------	------