

Return signed application to:
Lifeboat Distribution

Fax: 732-389-2066 (United States)

Fax: 905-828-8326 (Canada)



CREDIT APPLICATION

CUSTOMER INFORMATION

Company Name: _____	Form of Business (please check one): Corporation ___ Partnership ___ Individual ___
Address 1: _____	Date Business Started (mm/yy): _____ Number Employees: _____
Address 2: _____	D&B #: _____
City/State or Province: _____	ACCOUNTS PAYABLE
ZIP/Postal Code: _____	Contact Name: _____
Country: _____	Phone Number: _____
Phone Number: _____	Fax Number: _____
Fax Number: _____	Email Address: _____
FOR CANADA: PST Exempt? Y <input type="checkbox"/> or N <input type="checkbox"/> (If yes, please fax blanket PST exempt form)	Credit Limit Requested: _____
PST Number: _____	
Note: A signed PST exemption form must be submitted to claim exemption from Ontario PST.	

BANK ACCOUNT INFORMATION *Bank account number, bank contact name, and fax are required fields*

Bank Name: _____	*Account Manager/Contact*: _____
Address 1: _____	Bank Contact Email Address: _____
Address 2: _____	Main Phone Number: _____
City/State or Province: _____	*Fax Number*: _____
ZIP/Postal Code: _____	*Account #*: _____
Country: _____	

TRADE REFERENCES (Please provide 3 trade references)

	Trade Reference 1	Trade Reference 2	Trade Reference 3
Company Name:			
Address 1:			
Address 2:			
Phone:			
Fax:			
Contact:			

Authorization: Permission is granted to Lifeboat Distribution, to obtain credit information from all listed trade and bank references. I understand that the credit terms are net 30 days from date of invoice unless otherwise stated, and that the account may be subject to a finance charge on past-due balances of 1.5 % per month (18% per annum). I understand that orders may not be shipped if the account is past due. I certify that all information contained in this credit application is correct in all respects. I also certify that I am an authorized signing official of the Company named above.

Print Name: _____ *Signature*: _____
Title: _____ Date: _____

Credit application will not be processed without Authorized Customer Signature

INTERNAL USE ONLY

Account #: _____	\$ Limit: _____	Approved: _____	Date: _____
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Lifeboat Distribution
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