



### NEW ACCOUNT INFORMATION

We must have your name and contact number in case we have questions about the information given. Thank you.

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

NEW ACCOUNT INFORMATION		
Name _____	DBA _____	
Mailing Address		Shipping Address
Street Address / PO Box		Street Address / PO Box
City/State/Zip		City/State/Zip
Phone Number ( ) _____	Fax Number ( ) _____	
Owners, Partners or Officers		
Name/Title _____	Name/Title _____	
<b>Tax Status</b> (Tax exemption certificate <b>REQUIRED</b> if exempt) <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt    (CERTIFICATE REQUIRED)		
<b>Customer Type</b> <input type="checkbox"/> Industrial OEM <input type="checkbox"/> Mobile OEM <input type="checkbox"/> Resale <input type="checkbox"/> User <input type="checkbox"/> Other	<b>Organization</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	<b>Date Established</b> _____ <b>NAICS</b> _____ <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary of _____    City/State

APPLICATION FOR CREDIT			
Livingston & Haven will sell on open credit within determined limits to qualifying customers (allow 3 business days).			
Amount of Desired Credit Limit _____			
<b>References: Must provide 3 trade reference plus bank reference</b>			
Name	Address: City, State	Phone Number	Fax Number (required)

TERMS AND CONDITIONS		
Your signature below indicates acceptance of the Livingston & Haven Standard Terms and Conditions (on separate page) and authorizes Livingston & Haven to contact the above references for credit information.		
Signature _____	Title (Owner/Partner/Officer) _____	Date _____

LIVINGSTON & HAVEN INTERNAL USE ONLY		
Account # _____	D&B Rating: _____	Duns # _____
	Credit limit: _____	Date: _____