
LBI DISTRIBUTORS INC.

1330 Livingston Ave. Unit 3
North Brunswick, NJ 08902
Phone: (732) 565-9456
Fax: (732) 565-9452

Account Setup / Credit Application

Fill out form completely. Please type or print.

- Update Account
 New Account

Company/Organization Legal Name: _____

Trading Name (D.B.A.): _____

Street: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Telephone: _____ Fax: _____

Check One: Corporation Proprietorship Partnership Limited Liability Co. Non-Profit Org.

Type of Business/Organization: _____ Federal ID #: _____

Years in Existence: _____ Number of Locations: _____ Resale ID #: (if applicable) _____

Group Affiliation: (if applicable) _____ Own or Rent Building? _____

Owners (if sole proprietorship or partnership, LLC) or Officers (if corporation):

Name: _____ Title: _____

Federal ID# or Social Security #: _____

Address: _____

Name: _____ Title: _____

Federal ID# or Social Security #: _____

Address: _____

Credit Limit Requested: _____ Annual Sales: (if applicable) _____

Accounts Payable Contact: _____ Phone: _____

Financial Statement Attached: Yes No To Follow - Date _____

You must supply us with this information:

Trade References:

1. Company Name: _____ Account #: _____

Address: _____

Contact: _____ Fax: _____

Email Address: _____ Credit Limit: _____ Terms: _____

2. Company Name: _____ Account #: _____

Address: _____

Contact: _____ Fax: _____

Email Address: _____ Credit Limit: _____ Terms: _____

3. Company Name: _____ Account #: _____

Address: _____

Contact: _____ Fax: _____

Email Address: _____ Credit Limit: _____ Terms: _____

Bank References:

Name: _____ Account #: _____

Address: _____

Phone: _____ Contact: _____

By my signature below, I certify that the statements in this application for credit are true and complete and I authorize my financial institution(s) and trade references named on this application to release information concerning the statements in this application.

Signature: _____ Title: _____

Print Name: _____ Date: _____

For Company use only:

Approval: _____

Sales Rep. Comments: _____

Finance _____

Date _____

Credit Limit _____

Revised 10/26/11