

LEJEUNE BOLT COMPANY

APPLICATION FOR CREDIT

COMPANY NAME _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Shipping Address _____

City _____ State _____ Zip _____

TYPE OF BUSINESS _____ Years in Business _____

Ownership: ___ Corporation ___ Partnership ___ Individual

Federal I.D.# _____

Name of Principal (s) _____

BANK NAME _____

Address _____

Bank Officer _____ Phone# _____

TRADE REFERENCES:

1) _____
Business Name _____ Address _____

Phone _____ Fax _____

2) _____
Business Name _____ Address _____

Phone _____ Fax _____

3) _____
Business Name _____ Address _____

Phone _____ Fax _____

Signed _____ Date _____

Title _____

3500 WEST HIGHWAY 13
BURNSVILLE, MN 55337-1795
(952) 890-7700 · (952) 890-3544 FAX

FORM 02-001-01