

LANCASTER COUNTY BARNs

An infraHOST Company

DEALER CREDIT APPLICATION

Business Name	_____		
Mailing Address	_____	Zip Code	_____
Shipping Address	_____	Zip Code	_____
Business Phone	_____	Fax	_____
		E-mail	_____
Corporation	_____	Partnership	_____
		Sole Prop	_____
Retailer	_____	Wholesaler	_____
		Jobber	_____
Manufacturer	_____	Distributor	_____
		Other	_____
Duns No:	_____	Federal EIN	_____
		Years Established	_____
Est Monthly Purchases	_____	# of Employees	_____
		# of Accounts	_____
Owner of Business	_____	Home Phone	_____
Home Address	_____		

BANK INFORMATION

Name and Branch	_____		
Address	_____		
Phone	_____	Fax	_____
		Contact	_____
Type of Account	_____	Account #	_____

TRADE REFERENCES

Name	_____	Phone	_____
Address	_____	Fax	_____
Address	_____	Account #	_____
		Contact	_____
Name	_____	Phone	_____
Address	_____	Fax	_____
Address	_____	Account #	_____
		Contact	_____
Name	_____	Phone	_____
Address	_____	Fax	_____
Address	_____	Account #	_____
		Contact	_____

BY EXECUTION OF THIS CREDIT APPLICATION, APPLICANT AGREES TO THE TERMS OF LANCASTER COUNTY BARNs AS STATED ON OUR INVOICES. APPLICANT AGREES TO NOTIFY LCB OF ANY MATERIAL CHANGES IN ABOVE STATEMENTS. APPLICANTS CERTIFIES ALL STATEMENTS ARE CORRECT. APPLICANT AGREES TO PAY ALL COSTS INCLUDING COLLECTION FEES AND/OR ATTORNEY FEES REQUIRED SHOULD ACCOUNT COME IN DEFAULT. APPLICANT AUTHORIZES THE RELEASE OF CREDIT AND BANKING INFORMATION TO LCB.

Name	_____	Date	_____
Signature	_____	Title	_____

Return by mail: infraHOST - LCB 7 N. Charlotte St. Lancaster, PA 17603 or fax to: LCB Finance (717) 299-2222

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CONFIDENTIAL BANKING REPORT

BANK CREDIT RELEASE AUTHORIZATION

Bank Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ E-mail _____
Customer Account Name _____
Account Numbers
Checking _____ Savings _____ Loan _____

Customer Authorized Signature _____ Title _____ Date _____

----- BANK USE ONLY -----

Dear Bank Officer:

The above mentioned account have given your name as a bank reference. We would appreciate any information that would be helpful in our credit granting process. Please fax the below information to us at 717-299-2222. This information will be used in confidence for credit purposes only.

Date Account Opened _____
Account Type _____ Checking _____ Savings _____ Loan _____
If Checking, number of NSF in past 12 months: _____

ACCOUNT BALANCES

Checking	Low \$ _____	Mid \$ _____	High \$ _____	Figures _____
Savings	Low \$ _____	Mid \$ _____	High \$ _____	Figures _____
Borrowings	Loans _____	Outstanding _____	Satisfied _____	
Type(s) of Loan(s)	_____			
Status	_____ Current _____	_____ Delinquent _____	Borrowing Capacity _____	
Banking relationship considered to be:	_____ Satisfactory _____	_____ Unsatisfactory _____		
Comments:	_____ _____ _____			

Bank Officer Signature _____ Title _____ Date _____
Thank You,
Lancaster County Barns
Credit Department