



LEM Products Sales, LLC
4440 Muhlhauser Rd, Suite 300
West Chester, OH 45011
P: 877-536-7744
F: 513-202-9494

Credit Application

Company Information

Company Name: _____ Date: _____

Ship To Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Billing Address: _____

City *State* *ZIP Code*

Phone: _____ Email: _____

Fax: _____

Locations: _____ Website: _____

How did you learn about LEM: _____

Selling from a Retail Location? YES ☐ NO ☐ Will you use the product in your business? YES ☐ NO ☐

Do you have an Importer's License for food products? (Canada Requirement for Seasonings) YES ☐ NO ☐ License Number #: _____ Initials: _____

Broker & Shipping Information

UPS or Fedex YES ☐ NO ☐ Account#: _____

Have a Broker? YES ☐ NO ☐

Broker Name: _____

Address: _____

Phone: _____

Email: _____

Business Information

Sole Proprietorship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Owner: _____
Partnership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Partners: _____
Corporation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	President: _____
LLC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Vice President: _____
Other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Secretary: _____
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Treasurer: _____

Authorized
Buyer: _____

Year Est. _____

Federal
Tax#: _____
Business
License#: _____

Collect
Taxes?: **State(s):** _____
California
Locations?: _____

Contact Information

AP Contact: _____
AP Invoice
Email: _____
Phone/Email _____

Buyer: _____
Email: _____
Phone: _____

Transportation _____
Email: _____
Phone: _____

Banking Information

Bank: _____
Address: _____
Phone: _____

Credit References

Requested
Credit Limit: _____
Pay by
Credit Card: _____

****Note: If paying by Terms, LEM will provide ACH/Wire Transfer information.**

Reference 1: _____
Address: _____
Phone: _____
Fax: _____
Email (Required) _____
Account#: _____

Reference 2: _____
Address: _____
Phone: _____
Fax: _____
Email: (Required) _____
Account#: _____

Reference 3: _____
Address: _____
Phone: _____
Fax: _____
Email: (Required) _____
Account#: _____

We also need copies of your Resale certificate/sales tax license

Signature

Signature: _____ Date: _____
Print Name: _____

We want you to be successful! Please take this survey to help us help you.

Business Description:

Company Website Address: _____

Other Websites Associated with your Company: _____

Business Start Date: _____ Estimated Sales: _____

Space (Sq. Feet): _____ Number of Employees: _____

Which Best Describes your business?

- | | | | |
|------------------------------------|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Hardware | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Internet | <input type="checkbox"/> Catalog |
| <input type="checkbox"/> Sportsman | <input type="checkbox"/> Sporting Goods | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Outfitter |

What types of products do you sell?

What Prompted your Interest in our Products?

What is your Target Audience?

FOR INTERNAL USE ONLY

LEM Customer #	
Approval Date:	
Approved By:	
Credit Limit:	
Customer Class:	
Sales Rep:	

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