



**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 Drop Ship to customers? YES ☐ NO ☐

A Resale and/or Sales & Use Tax permit? YES ☐ NO ☐

Note: **Drop Shipping is unavailable at this time.**

Will you use the product in your business? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

### Shipping Information

UPS or Fedex	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Account#: _____
Dock?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hours: _____
Forklift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other: _____
Rural Address?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## 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#: \_\_\_\_\_

Resale  
ID#: \_\_\_\_\_

Collect  
Taxes?: **State(s):** \_\_\_\_\_  
California  
Locations?: \_\_\_\_\_

## Contact Information

AP Contact: \_\_\_\_\_

AP Invoices: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Buyer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Transportation \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Banking Information

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Credit References

Requested  
Credit Limit: \_\_\_\_\_  
Pay by  
Credit Card: \_\_\_\_\_

Reference 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: (required) \_\_\_\_\_  
Account#: \_\_\_\_\_

Reference 2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: (required) \_\_\_\_\_  
Account#: \_\_\_\_\_

Reference 3: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: (required) \_\_\_\_\_  
Account#: \_\_\_\_\_

## Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

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

Business Description:

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Company Website Address: \_\_\_\_\_

Other Websites Associated with your Company: \_\_\_\_\_

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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?

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What Prompted your Interest in our Products?

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What is your Target Audience?

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**FOR INTERNAL USE ONLY**

<b>LEM Customer #</b>	
<b>Approval Date:</b>	
<b>Approved By:</b>	
<b>Credit Limit:</b>	
<b>Customer Class:</b>	
<b>Sales Rep:</b>	

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