



LCL ELECTRONICS CORPORATION

CREDIT APPLICATION

CORPORATE NAME/ADDRESS

TELEPHONE: _____

FAX: _____

EMAIL: _____

ACCOUNTS PAYABLE CONTACT/PHONE: _____

BILLING ADDRESS

SHIPPING ADDRESS

DESCRIPTION OF BUSINESS: _____

HOW MUCH CREDIT REQUESTED: _____

DO YOU HAVE A PREFERENCE FOR PAYMENT? COD: _____ VISA/MC: _____
OR IF YOU PREFER TERMS PLEASE PROVIDE THE FOLLOWING INFORMATION:

BANK REFERENCE, ADDRESS, TELEPHONE, CONTACT AND ACCOUNT NUMBER

TRADE REFERENCE

PLEASE PROVIDE ONLY ELECTRONIC SUPPLIERS

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCOUNT#: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCOUNT#: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCOUNT#: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCOUNT#: _____

AUTHORIZED SIGNATURE: _____

IF ACCOUNT ACTIVITY IS REDUCED TO LESS THAN \$2,500 PER YEAR THE ACCOUNT WILL BE CONVERTED TO COD OR CREDIT CARD. THIS FORM MUST BE RETURNED TO RECEIVE TERMS.

"BRINGING YOUR NEEDS AND OUR RESOURCES TOGETHER"

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