



OFFICE USE ONLY

Approved: \_\_\_\_\_

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

Credit Limit: \_\_\_\_\_

## REQUEST FOR CREDIT APPLICATION

Please complete this form and return to your Sales Representative or email to [destiny@lawlessgroup.com](mailto:destiny@lawlessgroup.com)

Company Name	Tax ID/EIN #
Billing Address	City/State/Zip
Shipping Address	City/State/Zip
Phone #	Company Fax #
Purchasing Agent Name	Accounts Payable Name
Purchasing Agent Email Address	Accounts Payable Email Address
Buy Group Member (Yes/No)	Buy Group Name
Lawless Sales Group Sales Rep Name	Lawless Group Inside Sales Contact Name

**TRADE REFERENCES** Provide three (3) vendor trade references below or send attachment with information requested.

Company Name	Contact Name	Phone #	Email or Fax #
Company Name	Contact Name	Phone #	Email or Fax #
Company Name	Contact Name	Phone #	Email or Fax #

**BANK REFERENCES** Provide one (1) bank reference below or send attachment with information requested.

Bank Name	Bank Contact Name	
Phone #	Account #	Bank Contact Email Address

### Statement of Accuracy and Permission to Verify

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Please provide a copy of your sales and use tax resale certificate with this credit application.

Submit completed credit application and all other documents via email to [destiny@lawlessgroup.com](mailto:destiny@lawlessgroup.com) or fax 972-620-1147.