



Littlejohn Inc.
 PO Box 5177
 Spartanburg, SC 29304-5177
 Phone: 864-573-9314 Fax: 864-583-1550

The following must be filled out completely in order to process the application.

Account Type Requested: Credit Card (section 1 only) Net 30 (fill out entire application)

If Net 30 Account:

What is your average monthly spend or limit requested?

GENERAL COMPANY INFORMATION

Legal Business Name: _____

Doing Business As: _____

Federal ID Number: _____

PHYSICAL ADDRESS

Street: _____

City: _____

State: _____ Zip: _____

MAILING ADDRESS (if different)

Street: _____

City: _____

State: _____ Zip: _____

YEARS IN BUSINESS:

BUSINESS CLASSIFICATION

(Check one) Sole Proprietor Partnership Corporation
 Description, Specify _____

TYPE OF BUSINESS:

(Check one) Repair Shop Resale Fleet Industrial Environmental
 Other, Specify _____

ACCOUNTS PAYABLE CONTACT: _____

Preferred Invoice and Statement Method Fax Email Mail

Business Telephone: _____ Tax Exempt: Yes* No

Fax Telephone: _____ * If yes, send exemption certificate

Email: _____ with application

INFORMATION ON COMPANY OFFICERS:

PRINCIPAL OR OWNER

SECOND PRINCIPAL OR OWNER

Name _____ Name _____

Soc. Sec. # _____ Soc. Sec. # _____

Home Phone _____ Home Phone _____

Street _____ Street _____

City/St/Zip _____ City/St/Zip _____

BANKING AND CREDIT REFERENCES

PRINCIPAL BANK REFERENCE

Bank _____

Address _____

City _____

State/Zip _____

Account # _____

TRADE REFERENCE (minimum one required)

Reference # 1 Acct.# _____

Name _____

Address _____

City _____

State/Zip _____

Phone/Fax _____

TERMS AND CONDITIONS

Applicant Hereby Acknowledges the following:

It is understood and agreed by applicant that, if the application is approved by Littlejohn Inc., and credit is extended to applicant, that terms of such credit account will be **Net 30 Days**. Applicant agrees to pay a service charge of 1.5% per month which shall be added to any account not paid in full by the tenth of the following month. In the event of default, Applicant agrees to pay all costs of collection, including reasonable attorney's fees, if necessary. Merchandise may be returned generally without penalty or restocking charges within thirty days. Please call Littlejohn, Inc. toll free at 800-828-6555 to make arrangements.

PURCHASE ORDERS REQUIRED?

CHECK ONE YES NO

STATEMENT REQUESTED?

CHECK ONE YES NO

Signature of Applicant _____ Title _____

Print Name _____ Date of Application: _____

FOR OFFICE USE ONLY

Reference Mailed

Date: _____ By: Salesman _____

CLS: _____ Branch: _____

Account Approved

Date: _____ Yes Credit Limit: _____

By: _____ No Account #: _____

NOTES: _____

SECTION 1