



Lubromation, Inc.

CHARLOTTE OFFICE

P.O. Box 669283
Center
Charlotte, NC 28208
TELE: 704.375.7704
FAX: 704.375.7924
Email: accountspayable@lubromation.com

RALEIGH OFFICE

70 West Industrial

6216-C Angus Drive
Raleigh NC 27617
TELE: 919.571.9898
FAX: 919.571.9984

APPLICATION FOR CREDIT

(please print or type)

Trade Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Date started under present management: Fed Tax ID: _____

Corporation

Partnership

Proprietorship

Has owner, partner, or stockholder done business under a different name? Yes/No

If so, under what name: _____

Type of business: _____

Name and Addresses of Principal Owners or Officers and their Titles:

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

SALES TAXES

Do you pay sales tax? Yes/No

If no, please submit the appropriate state approved certificate. According to state law, we are required to charge and collect tax unless the sales tax certification is in our office.

Person to contact regarding accounts payable: _____

REFERENCES

(long term trade references with credit balances comparable to request from Lubromation Inc.)
(please print or type)

Name: _____ Customer #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name: _____ Customer #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name: _____ Customer #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

BANKING

(please print or type)

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

PLEASE MAIL, FAX OR EMAIL APPLICATIONS TO THE CHARLOTTE OFFICE