

		CREDIT AP	PLICATION	Logistics	
Company Name:		CILEDITAL	1 2.0, (110)		
Trade Names or DB	A's:				
Physical Address:					
Mailing Address:					
Billing Address if ap	nlicable.				
Tel:			Fax:		
Website:			T dA.		
			r mail.		
Primary Contact:			E-mail:		
STRUCTURE	Corporation	LLC/LLP/LTD	Partnership	Solo Proprietor	Individual
	•		·	Sole Proprietor	muividual
Date Business Start	eu: m	onth year	State Registered:	Entity No.	
TAX EIN:			SSN: (required when EIN no	DOB:	
	Directors, Partners,	Owners (names an		(s) authorized to bind the	he company)
Name:			Title:		
Name:			Title:		
Name:			Title:		
Name:			Title:		
Accounts Payable o	r Bookkeeper				
·			e-mail:		
Tel:					
Tel: Bank - Name & Ado	dress:				
			-	Геl:	
Bank - Name & Ado	nager:		-	Геl:	
Bank - Name & Ado Bank - Account Ma	nager:		Paydex Score:	Геl:	
Bank - Name & Ado Bank - Account Ma Bank Account Num DUNS Number:	nager: ber:	th whom you have c	Paydex Score:	Tel: nt in similar format acceptab	ole)
Bank - Name & Ado Bank - Account Ma Bank Account Num DUNS Number:	nager: ber:	th whom you have c	Paydex Score:		ole)
Bank - Name & Add Bank - Account Ma Bank Account Num DUNS Number: Primary Suppliers of Name & Address: Contact Name:	nager: ber:	•	Paydex Score: redit terms (attachme		ıle)
Bank - Name & Add Bank - Account Ma Bank Account Num DUNS Number: Primary Suppliers of Name & Address: Contact Name: Name & Address:	nager: ber: or trade accounts wi Acct#		Paydex Score: redit terms (attachme	nt in similar format acceptab e-mail:	ole)
Bank - Name & Add Bank - Account Ma Bank Account Num DUNS Number: Primary Suppliers of Name & Address: Contact Name: Name & Address: Contact Name:	nager: ber: or trade accounts wi		Paydex Score: redit terms (attachme	nt in similar format acceptab	ole)
Bank - Name & Add Bank - Account Ma Bank Account Num DUNS Number: Primary Suppliers of Name & Address: Contact Name: Name & Address:	nager: ber: or trade accounts wi Acct#		Paydex Score: redit terms (attachme	nt in similar format acceptab e-mail:	ole)

To establish your account, credit limit, and terms of payment where L.E. Coppersmith, LLC may advance funds on your behalf, you certify that the information contained herein is true and accurate. Further by signing below you agree that: (1) payments are due in accordance with our written terms; (2) to cover liquidated damages, late payments are subject to a monthly fee of 2%, calculated from the date of invoice; (3) you will pay all costs of collection and reasonable attorney's fees if required to collect amounts owed; and (4) you will pay a \$25 fee on any returned or NSF check, regardless of the reason. In addition, a personal guarantee is required if the business customer in this application is an entity other than a sole proprietorship. By signing below you, as an individual, agree, that you are personally bound by the terms of repayment and are jointly and severally responsible for all sums, balances and accounts due L.E. Coppersmith, LLC.

Print Name:		Title:	
Date:	Signature:		SSN:

CORP: 525 S. Douglas Street, El Segundo, CA 90245 • 310-607-8000 • Fax 310-607-8001 • www.coppersmith.com