



L'NIQUE LINEN RENTAL
CREDIT APPLICATION

216-986-1600 ph 216-986-0982 fx

Date: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Type of Business: _____

In Business Since: _____

Form of Business: Corporation of the State of Partnership Proprietorship

Officers/Owners Name(s): _____

Home Address: _____

To whose attention should invoices be sent: _____

List all who are authorized to place orders: _____

Is your work taxable? _____ If not, please provide or fill out the included tax exempt form.

If you wish to pay by credit card, please provide information below:

Type of Card: _____ Card Number: _____

Exp. Date: _____ Authorized Signature: _____

Bank References (please list name/phone/fax/acct. number of local banks): _____

Trade References (Please list name, phone number, fax number, e-mail and address if possible:

1 _____

2 _____

3 _____

I (we) the undersigned in consideration of L'Nique Linen Rental extending credit to the above referenced company, hereby personally, and jointly and severally guarantee payment of all debts incurred by the above referenced company to include but not limited to legal and collection costs incurred. In addition, I (we) the undersigned understand L'Nique Linen Rental's terms of Net 30 days.

Print Name: _____ Title: _____

Signature: _____ Date: _____