

**Application for Credit**

Company Name: \_\_\_\_\_

Trading Name if other \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ eMail: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID of business: \_\_\_\_\_  
(Attach resale certificate if applicable)

Dun & Bradstreet No. \_\_\_\_\_

Name and T.I.N. of parent company or any related companies \_\_\_\_\_  
Financial statement attached \_\_\_\_\_ (YES) | \_\_\_\_\_ (NO)  
If no, please explain \_\_\_\_\_

Have any of the owners/principals ever been involved in any business or personal bankruptcy?  
(Check if yes \_\_\_\_\_)

Principals or Officers: \_\_\_\_\_

Name & Titles: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_

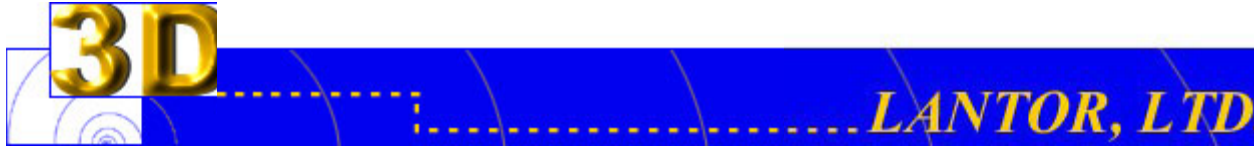
Years under present Ownership: \_\_\_\_\_

Branch Locations: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Authorized Buyer(s): \_\_\_\_\_

Type of Organization \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship



If incorporated, under the laws of what state? \_\_\_\_\_

If sole proprietorship or partnership, please fill out the following for each owner:

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

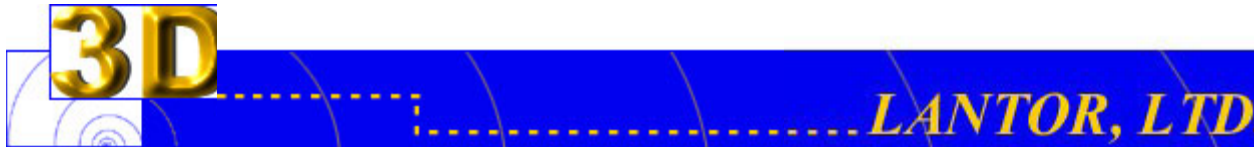
Name of Spouse: \_\_\_\_\_

**Bank Reference**

Name of Bank: \_\_\_\_\_ Account#: \_\_\_\_\_  
Address : \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

**Business and Trade References**

**Name:** \_\_\_\_\_ **Account#:** \_\_\_\_\_  
Type of Busn: \_\_\_\_\_  
Address : \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Account#:** \_\_\_\_\_  
Type of Busn: \_\_\_\_\_  
Address : \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Account#:** \_\_\_\_\_  
Type of Busn: \_\_\_\_\_  
Address : \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Account#:** \_\_\_\_\_  
Type of Busn: \_\_\_\_\_  
Address : \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_



I/We (“I”, “Applicant”) declare my/our willingness to abide by Anacrown, Inc. dba. Lantor, Ltd.’s Terms and Conditions of Sale, without modification or addition. Lantor’s acceptance of all purchase orders is expressly made conditional upon Buyer’s assent, whether expressed or implied, to Lantor’s Terms and Conditions of Sale. In the event applicant become delinquent in his account; applicant agrees that Lantor and/or its Accoutrements shall have the right to bring suit against applicant and if this occurs applicant agrees to pay the cost of collection, including reasonable attorney fees in suit by Accoutrements or assigns for the merchandise sold to applicant on credit subsequent to the date hereof. Applicant further aggress that venue of any suit may be laid in Los Angeles County, California, United Sates. The Terms of sales will be shown on each invoice, and it is agreed invoice will be paid by due date on a 1.5% (one point five percent) per month late charge is acceptable.

I agree to notify Lantor, Ltd. in writing of any development which may adversely affect my/our financial condition promptly after the occurrence thereof. In consideration for Lantor, Ltd. granting credit to the above named company, I personally guarantee all debts incurred by this company. I hereby agree to bind myself to pay Lantor, Ltd. on demand any sum which may become due to it, whenever the company shall fail to pay same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company.

As part of this application for credit, I grant permission to contact consumer reporting agencies, commercial credit reporting agencies, and any or all of the trade and bank references listed above, together with any other references which may be provided by these trade and bank references. I certify that all information provided herein is accurate and truthful to the best of my knowledge.

Signature of all owners/principals or of an authorized officer required:

Name (Please Type): \_\_\_\_\_ Title: \_\_\_\_\_

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

Name (Please Type): \_\_\_\_\_ Title: \_\_\_\_\_

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

# LANTOR, LTD.

25835 Narbonne Ave.  
Lomita, CA 90717

Phone: 310-530-1165  
Fax: 310-530-1929

sales@lantor.us  
www.lantor.us



## Credit Card Authorization Form

This form authorizes the use of buyer's credit card at Lantor, Ltd. Please complete and return by fax to (310) 530-1929

Buyer Information			
Buyer/Company Name			
Address			Suite
City		State	Zip Code
Contact 1		Contact 2	
Name		Name	
Phone	Fax	Phone	Fax
E-mail		E-mail	
CREDIT CARD INFO			
<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Name of Cardholder as on Card			
Billing Address			Suite
City		State	Zip Code
Cardholder Phone		Cardholder Fax	
E-mail			
Card Number		Expiration Date	CVV2-Code
<i>I hereby agree to all LANTOR, LTD.'s terms and conditions and authorize payment for all purchases at LANTOR, LTD. to be charged to the above referenced credit card.</i>			
Additional Authorized Personnel			
Special Instructions <b>The Card Holder agrees to pay additional 3% processing fee for paying the Invoice by using credit cards.</b>			
			Date

Completing this agreement authorizes the use of this credit card as payment. This agreement applies to all elements provided to LANTOR, LTD by any representative of the buyer/company. By signing below, Purchaser acknowledges that he/she has read, understands and agrees to all terms and conditions of LANTOR, LTD. and has the authority to make purchases of the products from LANTOR, LTD. The Card Holder also agrees to pay additional 3% processing fee for paying the Invoice by using credit cards. All information will be kept in strict confidential. If you have any questions or require anything additional in this regard please contact LANTOR, LTD.'s Credit Department at: 310-530-1165

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



CVV2  
Num



CVV2  
Num