



Credit Application

Locations

Northeast Facility & Corporate Headquarters: 1050 Woodend Road, PO Box 9718, Stratford CT 06615

1-800-243-9637, Fax 1-203-386-0132 lsinfo@lindquiststeels.com

Southeast & Mid-Atlantic Facility: 1950 Old Dunbar Road, West Columbia SC 29172

1-800-845-7052, Fax 1-803-794-6658 sales-sc@lindquiststeels.com

Midwest Facility: 7326 Morton View Lane, Powell TN 37849

1-866-489-6417, Fax 1-865-938-0342 sales-tn@lindquiststeels.com

Name of Firm: _____

Mailing Address: _____

Shipping Address: _____

Main Phone #: _____

Other Phone #: _____

Fax#: _____

Email: _____

Website: _____

DUNS#: _____

Is this business a: Partnership () Proprietorship () Incorporated* () *if yes what state & year* _____

Please list the company Officers, Partners, Proprietors, & other key contacts:

_____ Email: _____

_____ Email: _____

_____ Email: _____

_____ Email: _____



LINDQUIST STEELS, INC.
TOOL STEEL SPECIALISTS

_____ Email: _____

Year Business Organized: _____ Type of Business: _____
Estimated Annual Sales: _____

Banks Name _____ Address _____ Phone _____

1. _____

2. _____

Please Provide At Least 3 References
(Include Company Name, Phone, Fax, & email)

1. _____

2. _____

3. _____

4. _____

5. _____

The undersign has given the the above information to induce you to furnish materials and/or services on credit and represents that said information is accurate and complete. The undersigned agrees to pay for such materials and/or services within 30 days from date of invoice. In the event of default, the undersigned agrees to pay reasonable attorney's fees and other costs incurred in collection. This agreement shall remain in effect so long as the undersigned shall remain indebted to you:

Business Name: _____

Authorized Signature: _____

Sales Tax (check one): () To Be Billed () Exempt (Certificate Attached)

For Office Use Only:

Amount of Order: _____

Salesperson: _____

Inside Salesperson: _____

D&B Rating: _____ Credit Limit: _____

Approved by: _____ Date: _____