



Credit Application

Legal Name of Business: _____

Trade Name(s) / DBA(s): _____

Billing Address

Address: _____

City: _____ State: _____ Zip: _____

Local Phone: _____ Fax: _____

Physical/Corporate Address

Address: _____

City: _____ State: _____ Zip: _____

Local Phone: _____ Fax: _____

Business Information

Fed-ID# _____ D&B # _____

Business Type: Corporation LLC Sole Proprietor Partnership

How long in business? _____

Company Officers: _____ Title: _____

Or Partners: _____ Title: _____

Name and email of person to contact for further credit information: ✘ _____

Name and email of person to contact in accounts payable: ✘ _____

Bank Information

Name : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email : _____
Account #: _____ Officer: _____

Trade References

Name : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email : _____
Account #: _____ Contact: _____

Name : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email : _____
Account #: _____ Contact: _____

Name : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email : _____
Account #: _____ Contact: _____

I authorize LSQ Funding Group LC to obtain credit information now and in the future in order to maintain an open account.

Name:  _____ Title:  _____
Signed: _____  Date:  _____

Please email to creditrequest@lsq.com