



LOGGING, FORESTRY & ARBORICULTURE
FARMING & HOMESTEADING
TOWING & RECOVERY
CONSTRUCTION

CREDIT APPLICATION

Thank you for your interest in Labonville Inc. We are excited about this opportunity to offer you amazing products, quality brands, great prices and fantastic customer service on thousands of items. Please fill out this form as best you can. Processing times can vary so, please allow 1 – 3 weeks on average. We will reach out when the application has been reviewed.

If you are interested in being part of our Dealer Discount Program, please send a copy of your state issued Resale Certificate or Sales & Purchase Agreement. If your state does not have either, a copy of your W-9 will work.

Please return this form using any of the following options:

Email: AR@LABONVILLE.COM

Fax: 603-752-7621

***Mail: Labonville Inc
Attn: Accounts Receivable
504 Main Street
Gorham, NH 03581***

NOTE:

Your primary point of contact for any sales and product information will be Jonathan Patrick, our National Sales Manager. You can reach him at SALES@LABONVILLE.COM or by calling 800-764-9969. If you would like to place an order sooner, you can certainly reach out and pay with a credit card.



SINCE 1953

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COMPANY INFORMATION

COMPANY NAME: _____

Owner: _____ SSN/EIN: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Corporation

Proprietorship

Partnership

LLC

If Corporation, provide principals: _____

If Proprietorship, provide owner's Name: _____

If partnership, specify general/limited
and provide names: _____

GENERAL INFORMATION

Years in Business: _____ No. of Employees: _____ Amount of Credit Requested: _____

Accounts Payable: _____ Email: _____

Phone: _____ Fax: _____

Sales Contact: _____ Email: _____

Phone: _____ Fax: _____



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REFERENCES

BANK REFERENCE

Bank: _____ Account #: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

BUSINESS REFERENCES

Company: _____ Account #: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

Company: _____ Account #: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

Company: _____ Account #: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____



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RELEASE FORM

I, _____, authorize you to release any information
needed regarding my company's credit history to Labonville Incorporated.

Signature: _____

Title: _____

Date: _____



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INTEREST AGREEMENT

I agree to the following terms:

1. To pay the account in full within the terms, presently net 30 days.
2. To pay any interest that may accumulate on invoices that are overdue at a rate of 2% compounded every month.
3. If this account is placed for collection, I agree to pay all reasonable charges for collection, including attorney fees.

Company Name: _____

Accounts Payable Contact: _____

Phone Number: _____

Email Address: _____

Signed By: _____ Title: _____

Signed By: _____ Title: _____

Witness: _____

Signatures must be that of a principal. If property is in joint names, all signatures are required.



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AUTHORIZED SIGNERS

Please list the person(s) that you authorize to charge on your account. Only the person(s) you list will be allowed to charge on your behalf, and you take full responsibility for all charges on the account. If for any reason a person listed is no longer authorized, it is your responsibility to contact us to have said person removed from the authorized list. Please list each person(s) and have them sign/date.

Thank you!

Authorized Signer (Print)

Authorized Signer (Signature and Date)

Authorized Signer (Print)

Authorized Signer (Signature and Date)

Authorized Signer (Print)

Authorized Signer (Signature and Date)

Company Owner (Print)

Company Owner (Signature and Date)