



ARBORISTS & RESCUE
TOWING & RECOVERY
LOGGING & FORESTRY
CONSTRUCTION
MUNICIPAL
FARM

CREDIT APPLICATION

SINCE 1953

PLEASE TYPE OR PRINT CLEARLY

COMPANY NAME* _____

ADDRESS* _____

CITY, STATE, ZIP CODE* _____

TELEPHONE* _____ FAX _____

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

OF YEARS IN THIS BUSINESS _____

OWNER* _____ SSN* _____

EMAIL ADD. _____ COMPANY WEBSITE _____

CREDIT REFERENCES

BANK _____ ACCOUNT # _____

CONTACT PERSON _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____ FAX _____

TRADE REFERENCES

COMPANY NAME _____ ACCOUNT # _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____ FAX _____

COMPANY NAME _____ ACCOUNT # _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____ FAX _____

COMPANY NAME _____ ACCOUNT # _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____ FAX _____

504 MAIN STREET • GORHAM, NH 03581

TEL: 800-764-9969 • FAX: 603-752-7621

E-Mail - lab@labonville.com • www.labonville.com

All Seasons Work & Sport Gear



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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 terms, presently net 30 days.
- 2) To pay any service charge for late payment computed at 2% per month.
- 3) If this account is placed for collection, I agree to pay all reasonable charges for collection, including attorney fees.

Account Name*: _____
 Accounts Payable Contact*: _____
 Phone Number*: _____
 Email Address: _____

Signed By*: _____ Title: _____
 Signed By: _____ Title: _____
 Witness: _____

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

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