

**Lackawanna Products Corporation**  
**Application for Credit**

Attn:  
 From:

BUSINESS INFORMATION	Legal Name	Trade Name
	Street Address	City State Zip
	Mailing Address	City State Zip
	Phone# Fax#	Nature of Business
	Owned by	Year Started
	Type of Ownership: Corporation Sole Proprietorship Partnership Co-op	President Purchasing Agent Accounts Payable
BANK REFERENCES	Primary Bank Name	Account #
	Address	Phone # Fax#
	City State Zip	Officers Name
	Secondary Bank Name	Account #
	Address	Phone # Fax#
	City State Zip	Officers Name
TRADE REFERENCES	Name	Address Phone
	Name	Address Phone
	Name	Address Phone
PAYMENT INFORMATION	Pay off faxed copies (Invoice with pod's) Yes _____ No _____	
	Mail copies of original paperwork back to you Yes _____ No _____	
	Lackawanna Products Payment Terms are <b>Total Amount Due Upon Receipt of Invoice</b>	

**FINANCIAL STATEMENT REQUIRED**

The undersigned hereby authorizes any bank or other guarantor of credit to provide Lackawanna Products Corp. Information regarding the character, reputation, financial responsibility and indebtedness of the undersigned.

FIRM NAME \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

APPLICANTS SIGNATURE AND TITLE \_\_\_\_\_

**PLEASE FAX BACK TO (716) 810-9201**