

CREDIT APPLICATION

Louisville Electronics PO Box 46
 Sound & Security Louisville, NE 68037
 402-657-5276

IMPORTANT: TO PROTECT THE PRIVACY OF YOUR INFORMATION, PLEASE E-MAIL THIS CREDIT APPLICATION TO randy@lou-ele.com

NAME AND BILLING ADDRESS				AMOUNT OF CREDIT REQUESTED		OFFICE USE ONLY	
Applicant's Name				Anticipated Yearly Purchases from LE		Received by Approved by	
Street Address				Individual to Contact		Credit Approved \$	
City, State Zip Code		Telephone		Year Business Started		Rep ID No.	
Type of Business	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Resale Number		D&B Rating	
Federal Tax ID Number							

NAMES AND ADDRESSES OF OWNERS OR EXECUTIVE OFFICERS OF APPLICANT (use reverse side if additional space is needed)

Name		Title		Name		Title	
Street Address		Social Security Number		Street Address		Social Security Number	
City, State Zip Code		Telephone		City, State Zip Code		Telephone	

EQUIPMENT REFERENCES				OFFICE USE ONLY - DO NOT COMPLETE									
Name				How Long Sold	Last Sale Date	Recent High Credit	Now Owes \$	Amt Past Due \$	Terms of Sale	Pymt Record			
Street Address				Comments									
City, State Zip Code		Telephone		Fax Number				Account Number					
Name				How Long Sold	Last Sale Date	Recent High Credit	Now Owes \$	Amt Past Due \$	Terms of Sale	Pymt Record			
Street Address				Comments									
City, State Zip Code		Telephone		Fax Number				Account Number					
Name				How Long Sold	Last Sale Date	Recent High Credit	Now Owes \$	Amt Past Due \$	Terms of Sale	Pymt Record			
Street Address				Comments									
City, State Zip Code		Telephone		Fax Number				Account Number					
BANK REFERENCES				CHECKING ACCOUNT				LOAN EXPERIENCE					
Name				Cust. Since	Avg. Balance	NSF Checks?	YES	NO	Date	Amount	Pymt. Record		
Street Address													
City, State Zip Code		Telephone											
Loan Officer	Checking Account Number												
Name				Cust. Since	Avg. Balance	NSF Checks?	YES	NO	Date	Amount	Pymt. Record		
Street Address													
City, State Zip Code		Telephone											
Loan Officer	Checking Account Number												

The undersigned (1) represents that he/she is authorized to sign this Credit Application on behalf of the Applicant, (2) authorizes LE to contact the references listed above in connection with an evaluation of this Credit Application and (3) agrees and guaranties that the Applicant will pay any debt owed to LE and the cost of collecting such debt.

Signature	Date	Print or Type Name
-----------	------	--------------------

Additional Space for Information