

**QMSF-1218 Credit Application**

Rev. 1.0

Effective date: 09/22/2022

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Document available electronically QMSF-1218

PLEASE COMPLETE ALL PAGES. You may attach your own list of references. **ONE (1) Bank Reference and a minimum of THREE (3) Trade References are required for processing. Please fax or email the signed & completed form to 860-667-3040 or AR@lynnwelding.com**

Company Name:	<input type="text"/>	Phone No:	<input type="text"/>
Shipping Address:	<input type="text"/>	Fax No:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/> Zip Code: <input type="text"/>
Billing Address:	<input type="text"/>	State:	<input type="text"/> Zip Code: <input type="text"/>
City:	<input type="text"/>		

Type of Business (Please check one): ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ LLP

Federal Tax ID:	<input type="text"/>	D & B Number:	<input type="text"/>
Year Started Business:	<input type="text"/>	State Incorporated:	<input type="text"/>
No. of Employees:	<input type="text"/>	Web Site:	<input type="text"/>
Briefly Describe your Business:	<input type="text"/>		

Accounts Payable Contact:	<input type="text"/>	Phone Number:	<input type="text"/>
Email:	<input type="text"/>		
Valid Email Address or Fax Number to Send Invoices to:	<input type="text"/>		

Company Owners or Officers

President:	<input type="text"/>	Phone Number:	<input type="text"/>
Email:	<input type="text"/>		

Vice President:	<input type="text"/>	Phone Number:	<input type="text"/>
Email:	<input type="text"/>		

Controller/Treasurer:	<input type="text"/>	Phone Number:	<input type="text"/>
Email:	<input type="text"/>		

Sales Tax Exempt☐ YES If Yes, Exempt#☐ NO

Exempt Certificate Must Accompany Credit Application

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PLEASE COMPLETE THE FOLLOWING - INCLUDE FAX NUMBER**BANK:**

Name:		Account No:	
Address:			
City:		State:	Zip Code:
E-mail:		Contact:	
Phone No:		Fax No:	

TRADE REF 1:

Name:		Account No:	
Address:			
City:		State:	Zip Code:
E-mail:		Contact:	
Phone No:		Fax No:	

TRADE REF 2:

Name:		Account No:	
Address:			
City:		State:	Zip Code:
E-mail:		Contact:	
Phone No:		Fax No:	

TRADE REF 3:

Name:		Account No:	
Address:			
City:		State:	Zip Code:
E-mail:		Contact:	
Phone No:		Fax No:	

Please note payment remit to address:

LYNN WELDING CO., INC.
39 PROGRESS CIRCLE,
NEWINGTON, CT 06111

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The information contained in this form is provided for the purpose of establishing or increasing credit. The undersigned understands that Lynn Welding is relying on the information provided herein in determining to grant or expand credit. The undersigned represents and warrants that the information provided is true and complete and Lynn Welding Co., Inc. may consider it as continuing to be true and correct until a written notice of change is given to Lynn Welding Co., Inc. by the undersigned. Lynn Welding Co., Inc. is authorized to make all inquiries deemed necessary including but not limited to obtaining consumer credit reports on owners or principals of the company in order to verify the accuracy of the statements made herein to determine creditworthiness. The undersigned hereby agrees any disputes arising out of this agreement or goods, service and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of Connecticut law, under jurisdiction of the State of Connecticut Courts and that venue in any such action shall be in the County of Hartford.

NOTE: Unless otherwise stated in your Sales Order Acknowledgement our standard terms are **Net 30 days**. It is understood and accepted by signing this form that a service charge will be added to past-due invoices each month in the amount of **1.5% (annual rate 18.0%)** on payments received late. Customer agrees to pay all costs of collection, including but not limited to attorney fees. Products/service may not be returned without prior authorization from Lynn Welding Co., Inc.

By signing this form, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

All information above & attached correspondence included with this form is true to the best of my knowledge.

Authorized Signature**Print Name****Title****Date**

LYNN WELDING CO., INC.
39 PROGRESS CIRCLE,
NEWINGTON, CT 06111

Phone: 860-667-4400

Fax: 860-667-3040

Email: AR@lynnwelding.com