



Leighton A. White, Inc.
CREDIT APPLICATION
www.leightonawhite.com

“We Move Mountains to Serve You!”
Since 1978

Leighton A. White, Inc., 138 Elm Street, Milford, NH 03055 (603)673-2294 Fax: (603)672-8320

Company Name: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

Billing Address

Street/PO Box: _____
City: _____ State: _____ Zip: _____

Delivery Address

Street: _____
City: _____ State: _____ Zip: _____

Business Details

Type of Business: _____
In Business Since: _____
Form of Business: Corporation LLC Partnership Sole Proprietor

Billing Information

Is a Purchase Order required? Yes No
Name of individual with authorization: _____
If it is to be a blanket PO, please provide: Number: _____ Expiration date: _____
To whose attention should invoices be sent? _____
How would you like invoices sent? Mail Email Fax

Local Bank References

1) Bank Name: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone: _____
2) Bank Name: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone: _____

Trade References (do not list credit cards)

1) Name: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Acct#: _____ Fax: _____
2) Name: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Acct#: _____ Fax: _____
3) Name: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Acct#: _____ Fax: _____



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Credit - Terms of Agreement

I hereby certify that all information provided is true and authorize Leighton A. White, Inc. to contact our trade and bank references for normal credit information. This information is furnished to Leighton A. White, Inc. for the purpose of an extension of credit. We authorize the above listed references to provide Leighton A. White, Inc., with information regarding our account history. I understand and agree to pay within the terms offered by Leighton A. White, Inc.

Leighton A. White, Inc. terms are net 10 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

I PERSONALLY GUARANTEE payment to Leighton A. White, Inc., for any and all indebtedness incurred by or for the organization for which this Application is made. But not limited to, indebtedness for materials, parts and services, rental of equipment and purchase orders.

Name and Title of Duly Authorized Officer

Print Name: _____ Title: _____

Signed By: _____ Date: _____