



The Lee Company  
 810 Business Highway 121 East, Lewisville, TX 75057, www.LeeCoFishing.com  
 Phone: 972-221-6571, Fax: 972-221-4332, Email: Sales@LeeCoFishing.com  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

|   |  |                           |              |
|---|--|---------------------------|--------------|
| Business Name/DBA:                                  |  |                           |              |
| County and State where Business Name is registered: |  |                           | Tax Exempt#: |
| Business Phone:                                     | Fax:   | E-mail:                   |              |
| Registered Company Address:                         |  |                           |              |
| City:   | State:   | ZIP Code:                 |              |
| UPS/Shipping Address:                               |  |                           |              |
| City:   | State:   | ZIP Code:                 |              |
| Name of Buyer:                                      |  | Accounts Payable Contact: |              |
| Date Business Commenced:                            | Business Type: [Sole Proprietorship] [Partnership] [Corp.] [Other] |                           |              |

**CREDIT AND BANK INFORMATION**

|                     |                        |                            |        |
|---------------------|------------------------|----------------------------|--------|
| Responsible Person: |                        | Social Security #:         |        |
| Drivers License #:  | Drivers License State: | Credit Limit Requested: \$ |        |
| Bank Name:          |                        |                            |        |
| Bank Contact:       |                        | Bank Address:              |        |
| City:               | State:                 | ZIP Code:                  | Phone: |
| Savings Account #   |                        | Checking Account #         |        |
| Other Account #     | Type of Other Account: |                            |        |

**BUSINESS/TRADE REFERENCES THAT EXTEND CREDIT TO YOU**

|                  |        |           |  |
|------------------|--------|-----------|--|
| 1) Company Name: |        |           |  |
| Address:         |        |           |  |
| City:            | State: | ZIP Code: |  |
| Phone:           | Fax:   | E-mail:   |  |
| Type of Account: |        |           |  |
| 2) Company Name: |        |           |  |
| Address:         |        |           |  |
| City:            | State: | ZIP Code: |  |
| Phone:           | Fax:   | E-mail:   |  |
| Type of Account: |        |           |  |
| 3) Company Name: |        |           |  |
| Address:         |        |           |  |
| City:            | State: | ZIP Code: |  |
| Phone:           | Fax:   | E-mail:   |  |
| Type of Account: |        |           |  |

**AGREEMENT**

The undersigned (hereafter "customer") promises to pay for all purchases within 30 days or in accordance with the terms of sale on each invoice. If the customer's account becomes delinquent, the customer agrees to pay all collection costs, charges and expenses, including reasonable attorney's fees, incurred in collecting the outstanding amount. The customer also agrees to pay interest at the rate of 1-1/2% per month (18% A.P.R.) on any balance delinquent over 30 days. The customer personally promises to pay for all purchases in the event the above named business entity fails to pay within 30 days or within the specified terms. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize The Lee Company to check your credit and make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

|  |  |
|--|--|
| Signed By:                                     | Signed By:                                     |
| Individually and as an officer of the business | Individually and as an officer of the business |
| Printed Name:                                  | Printed Name:                                  |
| Date:  | Date:  |

For this application to be processed all information must be filled in completely and returned to The Lee Company along with a copy of your drivers license.