



Credit Application

Company: _____
 Address 1 (DBA): _____
 Address 2: _____
 City: _____ State: _____ Zip: _____

Date: _____

Corporate Information

Individual Partnership Corporation

Date Established: _____

Owner's/Officer's Name(s): _____

Telephone: _____

Email: _____

Do not Write in this Space
For Internal Use Only

Alpha Sort: _____
 Customer Class: _____
 Salesperson: _____
 Terms Code: _____
 Credit Limit: _____
 Statement Code: _____

Approval

Date: _____
 Credit: _____
 Date: _____
 Sales: _____

Leica Dealer Locator information: www.leicacamerausa.com

Telephone: _____

Fax: _____

E-Mail Address: _____

Website: _____

Contact: _____

Electronic Delivery of Invoices and A/R Statements

Contact: _____ Telephone: _____

Email: _____ Fax: _____

Bank Info

Bank Name: _____ Contact: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Account #: _____

Trade References

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____

Attach **FINANCIAL STATEMENT** and applicable **STATE SALES TAX EXEMPTION CERTIFICATES**. Attach list of branch locations.

Authorized Signature: _____

Date: _____

Title: _____