



OFFICE USE ONLY:

REP: _____ APPROVED BY: _____
 APPROVED DATE: _____ TERMS: _____

SALES ACCOUNT APPLICATION

7306 Alondra Blvd. | Paramount, CA 90723
 T: 562-602-2333 | F: 562-602-2999 | E: dealers@lovanusa.com

PLEASE NOTE:

1. For all open accounts, the credit card form must be completed with application.
2. If your account becomes delinquent, Lovan USA has the right to charge the credit card on file for the balance, plus a 3% handling fee.
3. We must have this application and a copy of your State Sales Tax Certificate or Resale License on file before we can send you any information on our programs and pricing.

** IF YOU HAVE A DIFFERENT SHIPPING ADDRESS, PLEASE ATTACH THE INFORMATION ON A SEPARATE SHEET OF PAPER ALONG WITH THIS APPLICATION.

PLEASE MAIL COMPLETED FORMS TO:

Lovan USA Credit Dept
 7306 Alondra Blvd.
 Paramount, CA 90723

OR FAX COMPLETED FORMS TO:

1 (562) 602-2999

COMPANY INFORMATION

BUSINESS NAME: _____

D.B.A. (If applicable): _____

PRINCIPAL (s): _____ TITLE: _____

_____ TITLE: _____

ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

YEARS IN BUSINESS: _____ FED. TAX ID#: _____ RESALE #: _____

HOW DID YOU HEAR ABOUT US? _____

TYPE OF BUSINESS (PLEASE CHECK ALL THAT APPLY):

RETAILER CUSTOM INSTALLER DISTRIBUTOR E-Commerce

ACCOUNT INFORMATION

NAME OF BUYER: _____ TITLE: _____

DIRECT PHONE #: (____) _____ - _____ EMAIL: _____

ACCOUNTS PAYABLE CONTACT: _____

DIRECT PHONE #: (____) _____ - _____ EMAIL: _____

FOR SHIPMENT & TRACKING CONTACT: _____

DIRECT PHONE #: (____) _____ - _____ EMAIL: _____

FOR UPDATES ON LOVAN USA DEALER'S SPECIALS, PRICE CHANGES, INVENTORY, ETC., PLEASE PROVIDE US WITH A CONTACT _____

DIRECT PHONE #: (____) _____ - _____ EMAIL: _____

TYPE OF BUSINESS LOCATION:

COMMERCIAL RESIDENTIAL

FOR LARGE ORDERS, IS A LIFTGATE NEEDED?

YES NO

Would you like invoices emailed to you?

YES NO EMAIL: _____

WEBSITE URL: _____



SALES ACCOUNT APPLICATION (cont.)

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1. For all open accounts, the credit card form must be completed with credit application.
2. If your account becomes delinquent, Lovan USA has the right to charge the credit card on file for the balance, plus a 3% handling fee.
3. We must have this application and a copy of your State Sales Tax Certificate, credit card and credit cardholder's driver's license on file before we can send you any information on our programs and pricing.

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TYPE OF ACCOUNT APPLYING FOR (PLEASE CHECK ALL THAT APPLY):

- CREDIT & TERMS (All 3 references required.)
 CREDIT CARD (At least 1 reference required.)

TRADE REFERENCES

COMPANY #1: _____ DATE OPENED: _____

CONTACT PERSON: _____ ACCOUNT #: _____

TELEPHONE: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

COMPANY #2: _____ DATE OPENED: _____

CONTACT PERSON: _____ ACCOUNT #: _____

TELEPHONE: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

COMPANY #3: _____ DATE OPENED: _____

CONTACT PERSON: _____ ACCOUNT #: _____

TELEPHONE: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

FINANCIAL INFORMATION

BANK NAME: _____

PERSONAL BANKER (If applicable): _____

TELEPHONE: (____) _____ - _____ ACCOUNT #: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST 6 MONTHS SALES \$: _____ STORE FRONT? YES NO

OF STORE LOCATIONS: _____ (Please attach a list of all locations and their addresses.)

I hereby give my permission and authorization for the release of credit and banking information to Lovan USA. This authorization is valid for both business and personal credit and banking purposes. This information will be held in strict confidentiality. The undersigned guarantor hereby agrees to unconditionally, absolutely and irrevocably personally guarantee payment of all amounts due under the revolving credit account agreement

Sign

Print

Date

X



LOVAN[®]
U S A

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CREDIT CARD FORM

TYPE OF CARD:

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS (AMEX)																			
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Account Number																					
Mo.	Day	Yr.	CVV (3-4 DIGIT CODE ON BACK OF CARD)																		
Expiration Date																					

CARDHOLDER'S NAME: _____ **DRIVER'S LICENSE #:** _____

COMPANY NAME: _____

D.B.A. (If applicable): _____

BILLING ADDRESS: _____ **SUITE #:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: (____) _____ - _____ **FAX NUMBER:** (____) _____ - _____

NOTES: _____

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Paramount, CA 90723

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1 (562) 602-2999

Cardholder hereby acknowledges and authorizes charges on the above credit card in exchange for the goods and/or services enumerated with Lovan USA and agree to perform the obligations set forth in the cardholder's agreement with the issuer. All pricing is a cash price.

Sign X	Print	Date
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