



**LES**  
Laundry Equipment Services

# CREDIT APPLICATION

**Please Return Completed Application To:**  
 Fax: 301-790-0009  
 Email: [francie@leslaundry.com](mailto:francie@leslaundry.com)  
 Mail: 13015 Salem Avenue  
 Hagerstown, MD 21740

**F** Company \_\_\_\_\_  
**R** Address \_\_\_\_\_  
**O** City/State/Zip \_\_\_\_\_  
**M** Business Phone \_\_\_\_\_

Completed By \_\_\_\_\_  
 Requested Amount \_\_\_\_\_  
 Requested Terms \_\_\_\_\_  
 Date of Application \_\_\_\_\_

Business Type:  Sole Proprietor  Partnership  Corporation: State \_\_\_\_\_  
 How long in business: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

Owner's Information			
Name			Title
Address	State	Zip	
E-Mail			
Phone	Mobile		

Person to Contact Regarding Purchase Orders & Invoices			
Name			Title
Address	State	Zip	
Email	Phone		

Bank Reference	Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company, Address, Contact, and Phone Number (a minimum of two required)
_____
_____

<p>The above information is submitted for the sole purpose of opening an account with Laundry Equipment Services, Inc. and I hereby certify the information to be true.</p>	SIGNATURE _____
	PRINTED _____
	TITLE _____
	DATE _____