



**Request for Purchase Charge Privileges**  
 Return Completed Applications to Accounts Receivable at:  
[AR@LothInc.com](mailto:AR@LothInc.com)  
 or Fax to (513) 672-0125

Loth Sales Rep:   
 Effective Date:   
 Credit Limit Requested:

**1. Customer Information**

*Loth, Inc invoices will be billed to the below listed Customer Information*

Legal Name of Account Holder:  County:   
 Billing Address:   
Street City State Zip  
 Has the company had Loth, Inc previous credit:  Yes  No      Have you had Loth, Inc credit under another name:  Yes  No  
 Previous Account Name:

**2. Customer Credit Account Information:**

Tax Exempt:  Yes  No      Tax ID Number:       Years in Business:   
(if applicable please send a copy of Account Tax ID form with this completed application)  
 Type of business:       D&B Number:   
 Sole Proprietor     Partnership     Corporation     Non-Profit     Government  
 Owner/General Manager:  Telephone:  Email:   
 Chief Financial Officer:  Telephone:  Email:   
 Primary Sales Contact:  Telephone:  Email:   
 Accounts Payable Contact:  Telephone:  Email:

Does your organization have special billing requirements:  Yes  No      \*Please attach description of billing requirements  
 Preferred method of invoice submittal:  USPS     Ancillary System     Email

Will the merchandise be located at a different address than the mailing address?  No  Yes      (If Yes, Complete Below)  
 Legal Name:   
 Location:   
Street City State Zip

**3. Credit References: Active Accounts with Banks and Merchants**

1. Supplier:  Phone:   
 Address:   
Street City State Zip  
 Date Account Opened:       Average Account Balance:   
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 2. Supplier:  Phone:   
 Address:   
Street City State Zip  
 Date Account Opened:       Average Account Balance:   
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 3. Bank or Financial Institute:  Phone:   
 Address:   
Street City State Zip  
 Account Number:       Line of Credit:   
 Date Account Opened:       Average Account Balance:   
 Maximum Amount Used:       Available Balance:   
 Loans:  (es)  (o)      Secured:  (es)  (o)      Credit Line:  (es)  (o)      Overdrafts:  (es)  (o)

**Credit Investigation Authorization:**

It is understood by the parties hereto that the information provided is for the purpose of establishing an open line of business credit for use and benefit of the applicant, and is subject to approval by the Credit Department of Loth, Inc. In consideration for the extension of such an account, if approved, the applicant agrees to pay any invoices by the due date and according to the terms indicated on the invoice. In the event the account becomes past due, the applicant agrees to pay reasonable costs associated with collecting the account including collection agency, court and reasonable attorney fees. A service charge of 1.5% per month, or the highest permissible legal rate if less, will be charged on amounts not paid within 30 days of invoice. Credit requests for billing errors must be made in writing within sixty (60) days of invoice date. In addition to other legal remedies, Loth, Inc. has the right to refuse to ship orders to the purchaser if any account balance remains unpaid for more than sixty (60) days from invoice date. If credit is approved, other terms and conditions of each sale will be, or have been, provided to you in addition to the terms and conditions provided here. By signing below the applicant gives Loth, Inc. in its sole discretion, permission to make such inquiries as are necessary to make a credit decision. As an applicant to purchase charge privileges with Loth, Inc. and their entities, I have listed bank and trade references above. I authorize all corporations, companies, credit agencies and law enforcement agencies to release information about my background, character and personal reputation. I understand this notice will also apply to any future update reports that may be requested. This document constitutes an application only and is not an agreement. No legal commitment binding upon either the applicant, Loth or their entities is created by this application.

Applicant Signature:       Date:   
 Print Signer Name:       Position: