



NEW ACCOUNT INFORMATION

We must have your name and contact number in case we have questions about the information given. Thank you.

Your Name: _____

Phone # _____

Fax # _____

NEW ACCOUNT INFORMATION		
Name _____		DBA _____
Mailing Address		Shipping Address
Street Address / PO Box		Street Address / PO Box
City/State/Zip		City/State/Zip
Phone Number () _____		Fax Number () _____
Owners, Partners or Officers		
Name/Title		Name/Title
Tax Status (Tax exemption certificate REQUIRED if exempt) ☐ Taxable ☐ Exempt (CERTIFICATE REQUIRED)		
Customer Type	Organization	Date Established _____
☐ Industrial OEM	☐ Sole Proprietorship	NAICS _____
☐ Mobile OEM	☐ Partnership	
☐ Resale	☐ Corporation	
☐ User	☐ LLC	☐ Division ☐ Subsidiary of _____
☐ Other	☐ Other	City/State _____

APPLICATION FOR CREDIT			
Livingston & Haven will sell on open credit within determined limits to qualifying customers (allow 3 business days).			
Amount of Desired Credit Limit _____			
References: Must provide 3 trade reference plus bank reference			
Name	Address: City, State	Phone Number	Fax Number (required)

TERMS AND CONDITIONS		
Your signature below indicates acceptance of the Livingston & Haven Standard Terms and Conditions (on separate page) and authorizes Livingston & Haven to contact the above references for credit information.		
Signature	Title (Owner/Partner/Officer)	Date
LIVINGSTON & HAVEN INTERNAL USE ONLY		
Account #	D&B Rating:	Duns #
	Credit limit:	Date:

1-800-825-4969

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