

NEW ACCOUNT SETUP FORM

Name of Business _____

Ship To Address _____

Bill To Address _____

Phone Number _____ Fax Number _____

Contact Name _____ Direct Phone Number _____

Contact Email Address _____

Website _____

Payment Information - All Payments Due at Receipt of Invoice

A/P Contact Name _____ A/P Direct Phone Number _____

A/P Email Address _____

If the business is a Corporation, in which state is it incorporated _____

Date Business was Established _____

Federal Tax ID# _____ * Sales Tax Exempt # _____

If the Company is Exempt from Sales Tax and/or Use Tax, Please attach a copy of your Exemption Certificate

We now have a secure payment portal, please visit www.LFPowers.com to pay your bill online

Preferred Method of Payment (Please check box) :

- ACH DEBIT: Account Number _____ Routing Number _____
- ACH CREDIT: *We will provide our banking information after approval of credit application*

Other payment options:

- CREDIT CARD:
Number _____ Exp Date _____
CVV _____ Zip Code _____
- CHECK - Send to PO Box 424, Waterbury CT 06720

All amounts owed for goods and products are due upon receipt of the invoice. Interest or finance charges will accrue on all outstanding balances at the rate of 1½% per month or 18% per year. If company defaults on payment, it will be responsible for all third-party fees and all attorney fees incurred for collection of debt. In the event that any checks are returned for insufficient funds or a closed account, your LF Powers Co, Inc account will be charged a \$30.00 returned check fee.

LF Powers Locations:

Waterbury CT:
40 South 5th Street
PO Box 424
Waterbury CT 06720
Phone: 1.800.624.5654

Easthampton MA:
62 O'Neil Street
Easthampton MA 01027
Phone: 413.527.5777

Credit References

CREDIT REFERENCE 1

- Name _____
- Address _____
- Contact _____
- Phone Number _____ Fax Number _____
- Email Address _____

CREDIT REFERENCE 2

- Name _____
- Address _____
- Contact _____
- Phone Number _____ Fax Number _____
- Email Address _____

CREDIT REFERENCE 3

- Name _____
- Address _____
- Contact _____
- Phone Number _____ Fax Number _____
- Email Address _____

This is a Commercial account, and goods delivered to your business are a commercial transaction as defined by the Connecticut Law. By signing below, you agree to waive your company's right to notice and hearing in any civil collection action seeking a prejudgment remedy attachment as outlined in Connecticut General Statutes Sections 52-278a to 52-578f.

Signature: _____

Printed Name: _____

Title: _____

Date: _____ / _____ / _____

For internal use:

Maximize Contact Name _____
Maximize Email Address _____

Phone Number _____