



**LUBROMATION INC.**  
**WE TAKE THE FRICTION OUT OF YOUR LIFE!**

Industrial Lubrication    Hydraulics    Pneumatics

800 Grandin Rd. Charlotte NC 28208 704-375-7704

**APPLICATION FOR CREDIT**

**(Please Print or Type)**

Trade Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date started under present management: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Corporation

Partnership

Proprietorship

Has owner, partner, or stockholder done business under a different name? Yes \_\_\_ No\_\_\_

If so, under what name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Name and Addresses of Principal Owners or Officers and their Titles:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

SALES TAXES

Do you pay sales tax? Yes \_\_\_ No \_\_\_

If no, please submit the appropriate state approved certificate. According to state Law, we are required to charge and collect tax unless the sales tax certification is in our office.

Person to contact regarding accounts payable: \_\_\_\_\_

REFERENCES

(long term trade references with credit balances comparable to request from Lubromation, Inc.)

(please print or type)

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Customer # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

BANKING

(please print or type)

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

PLEASE MAIL, FAX OR EMAIL APPLICATIONS:

P.O . Box 669283, Charlotte, NC 28208

Fax #: 704-375-7924

Email: [jane@lubromation.com](mailto:jane@lubromation.com)